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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 22 AM 11:15

DOCUMENT # 547614

1. Corporation Name
RAINBOW MANAGEMENT SERVICES, INC.

Principal Place of Business
RAINBOW MGT SERVICES
1641 NW 79 AVE
MIAMI FL 33126-1105
US

Mailing Address
RAINBOW MGT SERVICES
1641 NW 79 AVE
MIAMI FL 33126-1105
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
09/26/1977

4. FEI Number
59-1842098
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
PEELE, AUSTIN S.
327 N. HERNANDO ST.
LAKE CITY FL 32055

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature may not when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	BERTHELOT, LARRY	
STREET ADDRESS	92 PEBBLE CREEK DRIVE	
CITY-ST-ZIP	ASHEVILLE NC 28803	
TITLE	TSD	[X] DELETE
NAME	BERTHELOT, BEVERLY	
STREET ADDRESS	92 PEBBLE CREEK DRIVE	
CITY-ST-ZIP	ASHEVILLE NC 28803	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	[X] Change [ ] Addition
12 NAME	RICARDO SOTO PAREDES	
13 STREET ADDRESS	16 Elvira Mendez Street.	
14 CITY-ST-ZIP	Panama City, PANAMA	
21 TITLE	T/S	[X] Change [ ] Addition
22 NAME	CELESTINO ARAUZ	
23 STREET ADDRESS	16 Elvira Mendez Street.	
24 CITY-ST-ZIP	Panama City, PANAMA.	
31 TITLE	V	[ ] Change [X] Addition
32 NAME	JOSE PERALTA.	
33 STREET ADDRESS	248 19th. Street.	
34 CITY-ST-ZIP	San José, COSTA RICA.	
41 TITLE	Asst./S.	[ ] Change [X] Addition
42 NAME	Alejandra Echeverría	
43 STREET ADDRESS	1645 3rd. Street.	
44 CITY-ST-ZIP	San José, COSTA RICA.	
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE PERALTA. April 1st, 1999. 506 221-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)