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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709107 (7)  
1. Corporation Name  
RAINBOW CONDOMINIUM, INC.



Principal Place of Business: C/O DHAIFA #6, 331 COLLINS AVE. #10, MIAMI BEACH FL 33139-6913  
Mailing Address: C/O DHAIFA #6, 331 COLLINS AVE. #10, MIAMI BEACH FL 33139-6913

3. Date Incorporated or Qualified: 06/08/1965  
3a. Date of Last Report: 03/18/1996  
4. FEI Number: 59-2040781  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 SAME, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country  
2a. Mailing Address: 26 SAME, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent  
KLOTZ, MARVIN CPA  
428 COLLINS AVE APT 10  
MIAMI BEACH FL 33139

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE: *Marvin Klotz* DATE: 2/13/97

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WITT, RAYMOND	
STREET ADDRESS	331 COLLINS AVE #1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DHAIFA, DHAIFA DR	
STREET ADDRESS	331 COLLINS #6	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STU	<input checked="" type="checkbox"/> DELETE
NAME	NEIRA, RITA	
STREET ADDRESS	331 COLLINS #6	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SRD ESTHER GONZALEZ
3.3 STREET ADDRESS	331 COLLINS AVE #6
3.4 CITY-ST-ZIP	MIAMI BEACH, FLA 33139
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chaita* 13 Jan 97

CR2E037 (9/96)