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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Mar 04 1997 8:00am Secretary of State

1997
DOCUMENT #

709107

(7)

RAINBOW CONDOMINIUM, INC.												
Principal Place of Business Mailing Address								1 1 <b>3 4</b> 031 <b>100</b> 11 <b>34110 1000</b> 1 11 <b>0</b> 14 <b>60</b> 111	\$001 01011 <b>3</b> 51	H BIRI BIRI BIR	016 <b>349</b> 41 (0 <b>9</b> 1	
C/O DHAIFA #6 331 COLLINS AVE, #10 331 COLLINS AVE, #10 MIAMI BEACH FL 33139-6913  C/O DHAIFA #6 331 COLLINS AVE, #10 MIAMI BEACH FL 33139-6913								Date Incorporated or Qualified		ate of Last Re		
A D	45	1 0- 14-11						06/08/1965		03/18/199		
2. Principal Place of Business SAME 28. Mailing Address SAME 28							4. 1	FEI Number 59-2040781			plied For	
Suite, Apt.	ite, Apt. #, etc.			<del></del>	00 2010101		\$8.75 A	t Applicable				
22	27					5. (	Certificate of Status Desired	×	Fee Re			
City & State		City &	City & State				6. (	Election Campaign Financing		\$5.00	May Be	
28								Trust Fund Contribution		Added t		
Zip	Country Zip				Country			This corporation has liability for			. 199.032,	
24	25   29   3 9. Name and Address of Current Registered Agent			30	0			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent						Name	10.	Halle alle Acciess of Heat N	ohistoten i	About		
VIOT7 I	MADAMAL COA			ļ								
KLOTZ, MARVIN CPA 428 COLLINS AVE APT 10					82 Street Addres			ress (P.O. Box Number is Not Acceptable)				
		83										
MIAMI BEACH FL 33139					84 City					85 Zip (	Codo	
						•			FL	.		
11. Pursuant to the provisions of Sections 27,0502 and 617,1508. Jorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, inches State of Florida. Stockehand was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objugations of, Spoton 617,0503, Florida Statutes.											s registered	
agent. I am familiar with, and accept the objections of, S group 617 5503, Florida Statutes.												
SIGNATURE												
12.	Signature: Typied or printed name of register OFFICER	red agent and till if applicab S AND DIRECTORS	ie. (NOTE	Registered	Ager	nt signature re		elestating) DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12	
TITLE	VD	01410 01112010110	DELETE	1.1 10	LE	T		0011101107011111000 10 0111	OLITO FILE	Change	Addition	
NAME	WITT, RAYMOND			1.2 NA	ME					•		
STREET ADDRESS	331 COLLINS AVE #1				1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CI	TY-ST	T- 21P						
TITLE	PD DELETE			2.1 TI	2.1 TITLE					Change	☐ Addition	
NAME	DHAIFA, DHAIFA DR			2.2 NA	2.2 NAME							
STREET ADDRESS	331 COLLINS #6			2.3 ST	2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.4 C		T-ZIP						
TITLE	STU DITA		DELETE	3.1 TIT		·	STD			Change	Addition	
NAME STORET ADODESS	NEIRA, RITA	<b>&gt;</b> <		3.2 NA		4000000	EST	HER GONBALEZ 1 COLLING MUE #	,			
STREET ADDRESS	331 COLLINS #6 MIAMI BEACH FL 33139					ADDRESS	33	1 Collins Ave "	33134 6	ri .		
CITY-ST-ZIP TITLE	MICHIEL DEVOLUEE 93198		DELETE	3.4. CI 4.1 TIT		I-ZIP	D. IA	HI BERCH, FLA	2213	Change	Addition	
NAME				4.2 N							manife restriction	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				4.4 CI								
TITLE			DELETE	5.1 711						Change	Addition	
NAME				5.2 NA	ME							
STREET ADORESS				5.3 ST	REET	ADDRESS						
CITY-ST-ZIP				5.4 CI	TY-\$I	r-zie						
TITLE			DELETE	6.1 TI					<del></del>	Change	Addition	
NAME				6.2 NA	ME			<u>.</u>				
STREET ADDRESS				6.3 ST	REET A	ADDRESS						
CITY-ST-ZIP	nu postilu that the information as	innlied with this files	done not suclif	6.4 CI			tod in Co-	tion 440 07/2V// Fig. 8: 4:4	A 1 6			
14. LOO neret	by certify that the information su	ppilea with this tiling	goes not qualify	y iui ine	өхөг	inhinou ere	med tu ped	audio i rajurijajki), Fiorida Statut	es. I juninel	certify that	trie	

4. I do hereby certify that the information supplied with this filing does not quality 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:

CHRACURA REQUIRED

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