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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90008 004 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709107

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
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03-23-1999-4



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/08/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2040781
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DHAIFA, DHAIFA DR 331 COLLINS AVE., #6 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 FL 85 Zip Code
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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 *Dhaifa* **DR. DHAIFA DHAIFA** **JAN 30, 1999**
Signature of person or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD NAME WITT, RAYMOND STREET ADDRESS 331 COLLINS AVE #1 CITY-ST-ZIP MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD 1.2 NAME HALPERN, JENNIE 1.3 STREET ADDRESS 331 COLLINS AVE #9 1.4 CITY-ST-ZIP MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME DHAIFA, DHAIFA DR STREET ADDRESS 331 COLLINS #6 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME GONZALEZ, ESTHER STREET ADDRESS 331 COLLINS AVE., #6 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *S. Dhaifa* **URE DRE DHAIFA DHAIFA (PD)** **JAN. 30, 1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (TELEPHONE: 1-305-672-7944)

CR2E037 (1/98)