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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G74057** (2)

1. Corporation Name
RAINBOW HEALTH CORP.



Principal Place of Business
**7500 SW 8TH ST., PH2
MIAMI FL 33144**

Mailing Address
**P.O. BOX 330044
MIAMI FL 33233-0044**

3. Date Incorporated or Qualified
12/15/1983

3a. Date of Last Report
05/09/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2419913 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**VELOSO, ANGEL
7500 S.W. 8TH ST., PH2
MIAMI FL 33144**

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VELOSO, ANGEL 7500 S.W. 8TH ST., PH2 MIAMI FL 33144	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELOSO, ANGEL	1.2 NAME	
STREET ADDRESS	7500 S.W. 8TH ST., PH2	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	
TITLE	VD LOPEZ-FERNANDEZ, ORLANDO 7500 S.W. 8TH ST. MIAMI FL 33144	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-FERNANDEZ, ORLANDO	2.2 NAME	
STREET ADDRESS	7500 S.W. 8TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	
TITLE	SD BARRIOS, HUMBERTO 7500 S.W. 8TH ST. MIAMI FL 33144	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, HUMBERTO	3.2 NAME	
STREET ADDRESS	7500 S.W. 8TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	3.4 CITY-ST-ZIP	
TITLE	TD RODRIGUEZ, SERGIO MAX 7500 S.W. 8TH ST. MIAMI FL 33144	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, SERGIO MAX	4.2 NAME	
STREET ADDRESS	7500 S.W. 8TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	4.4 CITY-ST-ZIP	
TITLE	D GORELICK, JAMES 7500 S.W. 8TH ST. MIAMI FL 33144	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORELICK, JAMES	5.2 NAME	
STREET ADDRESS	7500 S.W. 8TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 its registered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel Veloso
Angel Veloso

4/15/97

(305) 441-0892

CR2E034 (9/96)