FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L33657 RAINBOW WASTE SERVICE, INC.

(2)

FILED May 19 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
% RAFAEL DIAZ 7455 NW 144TH ST. HIALEAH FL 33014		% RAFAEL DIAZ 7455 NW 144TH ST. HIALEAH FL 33014-2501			· · · · · · · · · · · · · · · · · · ·		
						le of Last Report 26/1996	
21	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0192637	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees	
Zip 24	Country 25	7ip [29] 30	Country 	/ 	8. This corporation has liability for intangible Florida Statutes Yes 10. Name and Address of New Registered A] No	
	9. Name and Address of Currer C, RAFAEL	it negistered Agent	81	Name	10. Name and Address of New Registered A	ideur	
	5 NW 144TH ST. EAH FL 33014		82 83]	ess (P.O. Box Number is Not Acceptable)		
			84			85 Zip Code	
office or re	to the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was auti	iorized b	y the corporati	FL poration submits this statement for the purpose of non's board of directors. Thereby accept the appe		
SIGNATURE	Signature, typed or printed name of registered agr				red when reinstering) DATE		
12.		D DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DELFTE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Charige Addition	
NAME	DIAZ, RAFAEL		1.2 NAME				
STREET ADDRESS	7455 NW 144 STR		1.3 STREE	1 ADDRESS	J.		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY -	S1 - ZIF	9		
TITLE		Detete.	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2 \$ S1REE	LADDRESS			
CITY-ST-ZIP			2 4 CITY-	S1 - 20P			
TITLE		DELETE.	311111			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 B STREE	1 ADDRESS			
CITY-ST-ZIP	!		3.4. CITY -	S1 - 20F			
TITLE		☐ DELETE	4.1 11111			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 \$1REE	I ADDRESS			
CITY-ST-ZIP			4.4 CITY -		•		
TITLE		DELETE	5.1 TILLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS	· · ·			1 ADDRESS			
CITY-ST-ZIP	1 · ·		5 4 CITY-				
TITLE		□ DELF1E	6 1 111LE	A. Fill		Change Addition	
NAME		_	62 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP	•		6 4 Dily -				
WIT-91-ZIP			0.4 0.11	01:211			

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 eath; 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.