

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L46862 (3)

1. Corporation Name
RAINBOW AUTO REPAIRS, INC.

Principal Place of Business

**2502 W. FLAGLER ST.
2741 SW 1ST STREET
MIAMI FL 33135
US**

Mailing Address

**2502 W. FLAGLER ST.
2741 SW 1ST STREET
MIAMI FL 33135-1318
US**



2. Principal Place of Business 21 2502 W. Flagler st Suite, Apt. #, etc. 22 MIAMI FLO. City & State 23 Zip 33135 Country DADE		2a. Mailing Address 26 2502 W. Flagler st Suite, Apt. #, etc. 27 MIAMI FLO City & State 28 Zip 33135 Country DADE		3. Date Incorporated or Qualified 02/02/1990	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0182611		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BARCIA, MANUEL 2741 SW 1ST STREET MIAMI FL 33135				10. Name and Address of New Registered Agent 81 Name BARCIA Manuel 82 Street Address (P.O. Box Number is Not Acceptable) 2741 SW 1st 83 MIAMI FLO. 33135 84 City FL 85 Zip Code 33135			
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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: *Manuel Barcia* DATE: **2-26-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARCIA, MANUEL			1.2 NAME	Barcia Manuel		
STREET ADDRESS	2741 SW 1ST STREET			1.3 STREET ADDRESS	2741 SW 1st street		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL.		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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.

SIGNATURE: *Manuel Barcia* **MANUEL BARCIA, DIRECTOR** DATE: **2-26-97** (305) 541-1559

CR2E034 (9/96)