

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

FILED  
Mar 07 1997 8:00am  
Secretary of State

DOCUMENT # M42642 (2)  
1. Corporation Name  
FLORIDA RAINBOW INTERNATIONAL CORP.



Principal Place of Business Mailing Address  
C/O MARIA LUISA KIRANOS DIAZ  
9387 N.W. 13TH STREET.  
MIAMI FL 33172  
C/O MARIA LUISA KIRANOS DIAZ  
9387 N.W. 13TH STREET.  
MIAMI FL 33172-8807

2. Principal Place of Business 2a. Mailing Address  
21 1355 NW 93rd CT. 26 1355 NW 93rd CT.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 # A-109 27 # A-109  
City & State City & State  
23 MIAMI FL 28 MIAMI FL  
Zip Country Zip Country  
24 33172 25 USA 29 33172 30 USA

3. Date Incorporated or Qualified 12/04/1986 3a. Date of Last Report 04/29/1996  
4. FEI Number 59-2771388 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
KIRANOS, MARIA LUISA DIAZ  
9387 N.W. 13TH STREET.  
MIAMI FL 33172  
81 Name MARIA LUISA DIAZ  
82 Street Address (P.O. Box Number is Not Acceptable) 200 GREENWOOD DR.  
83  
84 City KEY BISCAYNE FL 85 Zip Code 33149

11. Pursuant to the provisions of Sections 607.052 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 *Maria Luisa Diaz* MARIA LUISA DIAZ, PRES. DATE March 4, 1997  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                 |
|----------------------------|------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE                                             | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIAZ KIRANOS, MARIA LUISA          | 1.2 NAME                                              | MARIA LUISA DIAZ                                                                |
| STREET ADDRESS             | 9387 N.W. 13TH ST.                 | 1.3 STREET ADDRESS                                    | 1355 NW 93rd CT # A-109                                                         |
| CITY-ST-ZIP                | MIAMI FL                           | 1.4 CITY-ST-ZIP                                       | MIAMI FL 33172                                                                  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 2.1 TITLE                                             | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIAZ ARIAS, BERTA ADELA            | 2.2 NAME                                              | DIAZ ARIAS, BERTA ADELA                                                         |
| STREET ADDRESS             | 9387 N.W. 13TH ST.                 | 2.3 STREET ADDRESS                                    | 1355 N.W. 93rd CT # A-109                                                       |
| CITY-ST-ZIP                | MIAMI FL                           | 2.4 CITY-ST-ZIP                                       | MIAMI FL 33172                                                                  |
| TITLE                      | VD <input type="checkbox"/> DELETE | 3.1 TITLE                                             | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIAZ ARIAS, CESAR AURELIO          | 3.2 NAME                                              | DIAZ ARIAS, CESAR AURELIO                                                       |
| STREET ADDRESS             | 9387 N.W. 13TH ST.                 | 3.3 STREET ADDRESS                                    | 1355 N.W. 93rd CT # A-109                                                       |
| CITY-ST-ZIP                | MIAMI FL                           | 3.4 CITY-ST-ZIP                                       | MIAMI FL 33172                                                                  |
| 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 supplement to 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 in an attachment with an address.

SIGNATURE: *Maria Luisa Diaz* (MARIA LUISA DIAZ) DATE: March 4, 1997 DAYTIME PHONE: 305-594-7571

CR2E034 (9/96)