

3/4/97 B-2614-C
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 Mar 04 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002479 (2)
 1. Corporation Name
 RAINBOW MIRACLE MINISTRY INC.



Principal Place of Business Mailing Address
 1278 N.W. 43RD ST. MIAMI FL 33142
 1278 N.W. 43RD ST. MIAMI FL 33142-7973

3. Date Incorporated or Qualified 05/25/1995
 3a. Date of Last Report 04/23/1996
 4. FEI Number APPLIED FOR 65-0661716 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

2. Principal Place of Business 2a. Mailing Address
 21 1278 Nw 43rd St 26
 Suite, Apt. #, etc. 27
 Building Suite, Apt. #, etc.
 22 City & State 27
 MIAMI FLA City & State
 23 Zip 28
 33142 Country 29
 US Country 30

9. Name and Address of Current Registered Agent
 HOWELL, BEVERLY
 1278 N.W. 43RD ST.
 MIAMI FL 33142

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | D HOWELL, PASTOR BEVERLY | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWELL, PASTOR BEVERLY | 1.2 NAME | |
| STREET ADDRESS | 1278 N.W. 43RD ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33142 | 1.4 CITY - ST - ZIP | |
| TITLE | D HOWELL, TINA | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWELL, TINA | 2.2 NAME | |
| STREET ADDRESS | %1278 N.W. 43RD ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33142 | 2.4 CITY - ST - ZIP | |
| TITLE | D DIAZ, NOBIA | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, NOBIA | 3.2 NAME | |
| STREET ADDRESS | %1278 N.W. 43RD ST. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33142 | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: Beverly Howell REQUIRED Feb 20, 1997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)