

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009885 (3)

1. Corporation Name

RAINBOW EMBROIDERY DESIGNS, INC.



Principal Place of Business

Mailing Address

1301 WEST COPANS ROAD
SUITE A-25
POMPANO BEACH FL 33064

1301 WEST COPANS ROAD
SUITE A-25
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1301 W Copans Rd

26 1301 W Copans Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # D-3

27 SUITE # D-3

23 Pompano Beach FL

28 Pompano Beach FL

City & State

City & State

Zip

Country

Zip

Country

24 33064

25 FL

29 33064

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, SHLOMO
3750 NW 19TH ST.
COCONUT CREEK FL 33063

81 Name
COHEN, SHLOMO
82 Street Address (P.O. Box Number is Not Acceptable)
12721 NW 13th Manor

83

84 City
Coral Springs FL
85 Zip Code
33071

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
COHEN, SHLOMO
STREET ADDRESS
3750 NORTHWEST 19TH STREET
CITY-ST-ZIP
COCONUT CREEK FL 33066

1.1 TITLE
1.2 NAME
COHEN SHLOMO
1.3 STREET ADDRESS
12721 NW 13th Manor
1.4 CITY-ST-ZIP
Coral Springs FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-96

555-215-96

CR2E034 (12/95)