

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000009885 (3)**

1. Corporation Name
RAINBOW EMBROIDERY DESIGNS, INC.



Principal Place of Business
**1301 WEST COPANS ROAD
SUITE A-25
POMPANO BEACH FL 33064**

Mailing Address
**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

4. FEI Number
65-0387628

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

21. Principal Place of Business
1301 W Copans Rd

22. Suite, Apt. #, etc.
SUITE # D-3

23. City & State
POMPANO BEACH FL

24. Zip
33064

25. Country
FL

26. Mailing Address
1301 W Copans Rd

27. Suite, Apt. #, etc.
SUITE # D-3

28. City & State
POMPANO BEACH FL

29. Zip
33064

30. Country
FL

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
COHEN, SHLOMO

82. Street Address (P.O. Box Number is Not Acceptable)
12 729 NW 13th MANOR

83.

84. City
COCONUT SPRINGS

85. Zip Code
FL 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]* DATE: **1-26-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, SHLOMO	
STREET ADDRESS	3750 NORTHWEST 19TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COHEN SHLOMO
1.3 STREET ADDRESS	12 729 NW 13th MANOR
1.4 CITY-ST-ZIP	COCONUT SPRINGS FL 33071
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	300001746283
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/18/96--01024--030
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* DATE: **1-26-96**

CR2E034 (12/95)