

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000086762 (0)

1. Corporation Name

RAINIER ENTERPRISES, INC.



Principal Place of Business

19424 BOB-O-LINK DRIVE  
MIAMI FL 33015

Mailing Address

19424 BOB-O-LINK DRIVE  
MIAMI FL 33015

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

HANLON, CORY  
19424 BOB O LINK DRIVE  
MIAMI FL 33115

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed in full and in plain English

Signature typed or printed in full and in plain English

Date

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS         | CITY-STATE-ZIP | DELETE                   |
|-------|------------------|------------------------|----------------|--------------------------|
|       | D HANLON, CORY T | 19424 BOB-O-LINK DRIVE | MIAMI FL 33015 | <input type="checkbox"/> |
|       |                  |                        |                | <input type="checkbox"/> |
|       |                  |                        |                | <input type="checkbox"/> |
|       |                  |                        |                | <input type="checkbox"/> |
|       |                  |                        |                | <input type="checkbox"/> |
|       |                  |                        |                | <input type="checkbox"/> |
|       |                  |                        |                | <input type="checkbox"/> |
|       |                  |                        |                | <input type="checkbox"/> |

13.

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   |
|-------|------|----------------|----------------|--------------------------|
|       |      |                |                | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> |
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|       |      |                |                | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28-96-305-443-9695

CR2E034 (12/95)