

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MATHIAS
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # P94000011137 (4)

1. Corporation Name

RAIN MAKER ADVERTISING & MARKETING COMMUNICATION
S. INC.

Principal Office in Florida

STE. 355, 1900 GLADES ROAD
BOCA RATON FL 33431

Mailing Address

STE. 355, 1900 GLADES ROAD
BOCA RATON FL 33431

APPROVED
AND
FILED

55 MAY 11 AM 11:43

FILED IN FLORIDA

000001499060

-05/25/95--01036--001

3130.00 *200.00

DO NOT WRITE IN THIS SPACE

2. Filing Office of Incorporation		2a. Mailing Agency		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. 11098 Biscayne Blvd. 206		26. State App # etc.		4. FFI Number 65-0467139		Applied For Not Applicable	
22. State App # etc.		27. State App # etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Miami, FL		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. 33161		25. Dade		29. City		30. County	
24. 33161		25. Dade		29. City		30. County	
24. 33161		25. Dade		29. City		30. County	

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16 ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81. Name
Steven A. Sciarretta, Esq.
82. Street Address (P.O. Box Number is Not Acceptable)
83. 1900 Glades Road, Ste. 355
84. Boca Raton FL 85. Zip Code 33431

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 imposed by Section 607.01, Florida Statutes.

SIGNATURE

Steven A. Sciarretta, Esq.

3/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D SALVINO, JILL	NAME	☐ Change ☐ Addition
STREET ADDRESS	STE. 355, 1900 GLADES ROAD	STREET ADDRESS	
CITY, STATE, ZIP	BOCA RATON FL 33431	CITY, STATE, ZIP	
NAME	D HEYMANN, MONICA	NAME	☐ Change ☐ Addition
STREET ADDRESS	STE. 355, 1900 GLADES ROAD	STREET ADDRESS	
CITY, STATE, ZIP	BOCA RATON FL 33431	CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, 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 Sections 607.01(2)(B) Florida Statutes. I further certify that the information published 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or changed or not an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF BRIDGE OFFICER OR DIRECTOR

REMITTED BY MAY 1

2/24/95 (315) 893-4465