

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000036047 (6)
 1. Corporation Name
BRISTOL RAINBOW CORPORATION



Principal Place of Business 11077 BISCAYNE BLVD. SUITE 307 MIAMI FL 33161	Mailing Address 11077 BISCAYNE BLVD. SUITE 307 MIAMI FL 33161-7483
---	--

3. Date Incorporated or Qualified 05/12/1994	3a. Date of Last Report 05/01/1996
--	--

21. Principal Place of Business Suite, Apt #, etc.	2a. Mailing Address Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country

4. FEI Number 65-0512617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BARON, RICHARD
11077 BISCAYNE BLVD.
SUITE 307
MIAMI FL 33161

10. Name and Address of New Registered Agent
 11. Name
 12. Street Address (P.O. Box Number is Not Acceptable)
 13.
 14. City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, RICHARD	1.2 NAME	
STREET ADDRESS	% 11077 BISCAYNE BLVD., STE. 307	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTO, LILY	2.2 NAME	
STREET ADDRESS	% 11077 BISCAYNE BLVD., STE. 307	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JULIO JR.	3.2 NAME	
STREET ADDRESS	% 11077 BISCAYNE BLVD., STE. 307	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JAME	4.2 NAME	
STREET ADDRESS	% 11077 BISCAYNE BLVD., STE. 307	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ALBERTO	5.2 NAME	
STREET ADDRESS	% 11077 BISCAYNE BLVD., STE. 307	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, GERARDO	6.2 NAME	
STREET ADDRESS	% 11077 BISCAYNE BLVD., STE. 307	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	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 file 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: RICHARD BARON DATE: _____ DAYTIME PHONE #: **305-845-2635**

CR2E034 (9/96)