FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076792 (8)

1. Corporate Name
RAINBOW ENTERPRISES OF DADE COUNTY, INC.

Principal Place of Business
14970 DUNBARTON PLACE
MIAMI LAKES FL 33016

Mailing Address
14970 DUNBARTON PLACE
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. # or
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0571721
Applied For
Not Applicable

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TRIAY, CARLOS A
999 PONCE DE LEON BLVD. #1110
MIAMI FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and hereby accept the duties of such registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SUAREZ, IRMA E
STREET ADDRESS	14970 DUNBARTON PLACE
CITY, ST, ZIP	MIAMI LAKES FL 33016

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 1

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate, complete and current and, for the corporation subject to Section 607.1601, Florida Statutes, I further certify that the information indicated on the 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 a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, if additional space is needed.

SIGNATURE: Irma E. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRMA E. SUAREZ

5/3/95 (305)362-5040
Date Phone #

0007340 CF