

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 # P95000023991 (9)

1. Corporation Name

RAINBOW TRANSFER CORP.



Principal Place of Business

Mailing Address

5921 N.W. 191ST TERRACE
MIAMI FL 33015

5921 N.W. 191ST TERRACE
MIAMI FL 33015

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7862 NW 62 STREET

26 7862 NW 62 STREET

4. FEI Number
65-0568402

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI FL.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33166 25 DAGE

29 33166 30 DAGE.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHITIVA, JAIRO
8263 N.W. 56TH STREET
MIAMI FL 33166

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ESCOBAR, FREDDY
STREET ADDRESS 8375 S.W. 56TH STREET
CITY-STATE-ZIP MIAMI FL 33155

TITLE VD
NAME CHITIVA, JAIRO
STREET ADDRESS 8263 N.W. 56TH STREET
CITY-STATE-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME CHITIVA JAIRO
1.3 STREET ADDRESS 8263 NW 56 STREET
1.4 CITY-STATE-ZIP MIAMI FL 33166

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

1-23-96

CR2E034 (12/95)