

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024851 (4)
1. Corporation Name

ROCKS UNDER THE RAINBOW, INC.



Principal Place of Business

Mailing Address

5612 N.W. 8TH STREET
MARGATE FL 33068

5612 N.W. 8TH STREET
MARGATE FL 33068

3. Date Incorporated or Qualified
03/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 33063

25

29 33063

30

4. FEI Number

65-0573000

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

9. Name and Address of Current Registered Agent

DURANTE, PATRICIA
5100 WEST COPANS ROAD
SUITE 400
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name MICHELE MIGNONE
82 Street Address (P.O. Box Number is Not Acceptable)
5612 N.W. 8 St
83
84 City Margate FL 85 Zip Code 33063

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

Michele Mignone
Signature typed or printed name of registered agent and title if applicable

Michele Mignone
(NOTE: Registered Agent signature required when reappointing)

6/18/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	MIGNONE, MICHELE	4830 N.E. 29TH AVENUE	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>
D	MIGNONE, MICHAEL	102 PARKWAY DRIVE EAST	MARGATE FL 33068	<input type="checkbox"/>
D	MIGNONE, ALEX	4830 N.E. 29TH AVENUE	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>
D	MIGNONE, ROBERTO	4500 SEAGRAPE DRIVE	LAUDERDALE BY THE SEAL FL 33308	<input type="checkbox"/>
D	MIGNONE, DANIEL	4500 SEAGRAPE DRIVE	LAUDERDALE BY THE SEAL FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - 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)(c), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michele Mignone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

954 984-9840
Corporate File #

CR2E034 (3/96)