

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000026786 (0)**

1. Corporation Name
RAINBOW BUSINESS ENTERPRISE INC



Principal Place of Business
**20308 N.W. 52ND PLACE
MIAMI FL 33055**

Mailing Address
**20308 N.W. 52ND PLACE
MIAMI FL 33055**

3. Date Incorporated or Qualified **03/31/1995** 3a. Date of Last Report

4. FEI Number **65-0569093** 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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**YORK, MARY LOU
20308 N.W. 52ND PLACE
MIAMI FL 33055**

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 Sections 607.0502 and 607.1509, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the officer or director who is changing his or her filing status

Signature of the new agent or registered office

DATE

12. OFFICERS AND DIRECTORS

TITLE: **President** DELETE
NAME: **Mary Lou York**
STREET ADDRESS: **20308 NW 52 PL**
CITY-STATE-ZIP: **Miami, FL 33055**

TITLE: **Vice President** DELETE
NAME: **Suzanne York-Angles**
STREET ADDRESS: **4955 NW 199 ST**
CITY-STATE-ZIP: **Miami, FL 33055**

TITLE: **Treasurer** DELETE
NAME: **Robert Lee York**
STREET ADDRESS: **20308 NW 52 PL**
CITY-STATE-ZIP: **Miami, FL 33055**

TITLE: **Secretary** DELETE
NAME: **John Angles**
STREET ADDRESS: **4955 NW 199 ST**
CITY-STATE-ZIP: **Miami, FL 33055**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: **PTSDIC** Change Addition
12 NAME: **MARY Lou YORK**
13 STREET ADDRESS: **20308 NW 52 PLACE**
14 CITY-STATE-ZIP: **Miami, FL 33055**

21 TITLE: **VP/T** Change Addition
22 NAME: **Robert Lee York**
23 STREET ADDRESS: **20308 NW 52 PLACE**
24 CITY-STATE-ZIP: **20308 NW 52 PLACE**

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

51 TITLE: **500001817965** Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:

61 TITLE: **-05/13/96--01023--005** Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-ZIP:

71 TITLE: *****200.00** Change Addition
72 NAME:
73 STREET ADDRESS:
74 CITY-STATE-ZIP:

81 TITLE: **S-196** Change Addition
82 NAME: **JK**
83 STREET ADDRESS:
84 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 119.04(1)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, a change, or on another filing with an address.

SIGNATURE: **Mary Lou York**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-620-4999

CR2E034 (12/95)