

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000048266 (7)

1. Corporation Name

RAINBOW REALTY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

4064 S.W. 69TH AVENUE
MIRAMAR FL 33023

4064 S.W. 69TH AVENUE
MIRAMAR FL 33023

2. Principal Place of Business

21 20225 N.E. 34 COURT

Suite, Apt. #, etc.

22 1016

City & State

23 N. MIAMI BEACH, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 P.O. Box 802224

Suite, Apt. #, etc.

27

City & State

28 AVENTURA, FL

Zip

29 33280-2224

Country

30 USA

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

4. FEI Number

65-0607404

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

SIEGEL, JOHN A
4064 S.W. 69TH AVENUE
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

20225 N.E. 34 COURT, SUITE 1016

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33180

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 state of appointment

Signature, typed or printed name of registered agent and state of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SIEGEL, JOHN A
STREET ADDRESS
4064 S.W. 69TH AVENUE
CITY - ST - ZIP
MIRAMAR FL 33023

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

20225 N.E. 34 COURT, SUITE 1016
N. MIAMI BEACH, FL 33180

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 if changed, or on an attachment with an address.

SIGNATURE: *John A. Siegel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-96

Date

305-931-2806

Daytime Phone #

CR2E034 (12/95)