

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 # P95000073077 (6)

1. Corporation Name

I.T.F. RAINBOW PRODUCTIONS, INC.

Principal Place of Business

8525 WINDSOR DR.
MIRAMAR FL 33025

Mailing Address

8525 WINDSOR DR.
MIRAMAR FL 33025



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1875 NE 149 Street		26		09/19/1995		FIRST REPORT	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FBI Number		Applied For	
23 N. Miami, Florida		28 City & State		65-0612260		Not Applicable	
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9. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S
317 - 71ST ST.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	WEXO, JOAN	1.2 NAME	
STREET ADDRESS	8525 WINDSOR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WEXO, RICHARD	2.2 NAME	
STREET ADDRESS	8525 WINDSOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WEXO, GLENN	3.2 NAME	
STREET ADDRESS	1900 KEYSTONE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard O. Wexo Sec/Treas

4/25/96

305 944-5303

Daytime Phone #

CR2E034 (12/95)