

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90275 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P-95000086440 (1) ✓  
 1. Corporation Name  
 RAINBOW CRAFTS INTERNATIONAL/SOUTH MIAMI CORP

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
 11/09/95

4. FEI Number  
 65-0621150 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 410 W 49TH STREET  
 Suite, Apt. #, etc.  
 22 -101-104  
 City & State  
 23 HIALEAH-FLORIDA  
 Zip Country  
 24 33012 25

2a. Mailing Address  
 26 410 W 49TH STREET  
 Suite, Apt. #, etc.  
 27 -101-104  
 City & State  
 28 HIALEAH-FLORIDA  
 Zip Country  
 29 33012 30

9. Name and Address of Current Registered Agent  
 JESUS H. AMADO CPA  
 42 S.W. 34 AVE.  
 MIAMI FL 33135

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  
 FL

I, 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	P.D.	BRIGITTE B. BENZAQUEN <input type="checkbox"/> DELETE
NAME		10155 COLLINS AVE # 906
STREET ADDRESS		MIAMI BEACH FL 33154
CITY-ST-ZIP		
TITLE	V.T.S.	GASTON BENZAQUEN <input type="checkbox"/> DELETE
NAME		10155 COLLINS AVE # 906
STREET ADDRESS		MIAMI BEACH, FL 33154
CITY-ST-ZIP		
TITLE	S.D.	ABRAHAM BENZAQUEN BARCESA T <input type="checkbox"/> DELETE
NAME		10155 COLLINS AVE # 906
STREET ADDRESS		MIAMI BEACH FL 33154
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:  GASTON BENZAQUEN VICE PRESIDENT 04/27/99 (305) 368-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Year Day/Date/Year