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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

98 DEC 31 AM 10: 41

Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P9700003699 (0) RAINBOWS ACCESSORIES, INC. Principal Place of Business Mailing Address C/O WHITE & CASE 200 S. BISCAYNE BLVD., SUITE 4900 REINSTATEMENT OR C/O WHITE & CASE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131 MIAMI FL 33131 01/14/1997 2. Principal Place of Business 2a. Mailing Address ✓ Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zìp Country Zlp 8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes Yes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALVAREZ, PEDRO A WHITE & CASE 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., SUITE 4900 83 MIAMI FL 33131 84 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, with State of Florida. Such change was additorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 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 applically (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ___ Addition 1.1 DTLE Change TITLE 200002730482---01/0<u>5/</u>99--01055--025 NAME ALVAREZ, JOSEFINA C 1.2 NAME 200 S. BISCAYNE BLVD., SUITE 4900 STREET ADDRESS 1.3 STREET ADDRESS ****750.00 ****750.00 MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE 6.2 NAME

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. 12-30-98 SIGNATURE:

6.3 STREET ADDRESS