

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

FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090237 (3)

1. Corporation Name

RAINBOW TEXTILE PROCESSING, INC.

Principal Place of Business

5100 NW 165 ST.  
MIAMI FL 33014

Mailing Address

5100 NW 165 ST.  
MIAMI FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5100 NW 165th Street Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33014		2a. Mailing Address 26 5100 NW 165th Street Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33014		3. Date Incorporated or Qualified 10/20/1997 4. FEI Number 65-0790615 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 607.1508, 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SAFER, ALBERT	1.2 NAME	
STREET ADDRESS	1875 MCCARTER HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07104	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	Steven Hermann
STREET ADDRESS		2.3 STREET ADDRESS	5100 165th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33014
TITLE		3.1 TITLE	Executive Vice President
NAME		3.2 NAME	Philip D. Neuer
STREET ADDRESS		3.3 STREET ADDRESS	5100 NW 165th Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33014
TITLE		4.1 TITLE	Vice President
NAME		4.2 NAME	Sylvia Safer
STREET ADDRESS		4.3 STREET ADDRESS	5100 165th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33014
TITLE		5.1 TITLE	Treasurer
NAME		5.2 NAME	Al Hemming
STREET ADDRESS		5.3 STREET ADDRESS	5100 NW 165th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33014
TITLE		6.1 TITLE	Secretary
NAME		6.2 NAME	Philip D. Neuer
STREET ADDRESS		6.3 STREET ADDRESS	5100 165th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33014

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, supplemental annual report, 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if I am not a shareholder or agent with an address.

SIGNATURE:

Philip D. Neuer  
Secretary

1/27/98 973-482-0840

CR2E034 (10/97)