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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000094003

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90174 024 ***150.00

CRYSTA	L RAINBOW ENTERPRISES,	INC.			
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Principal Plac	e of Business	Mailing Address	W	1 (SALING) in mitt notil aniit sairt antil an	
1610 NORTH 6	8TH TERRACE	1610 NORTH 68TH TERRACE			
HOLLYWOOD F		HOLLYWOOD FL 33024			"0 0040F
				DO NOT WRITE IN TH	1IS SPACE
	-			3. Date Incorporated or Qualifed 11/03/1997	
0 Dd		2a Mailian Addrosa		4. FEI Number	Applied For
7. Principal P	face of Business	2a. Mailing Address 5, W	1, oth Ct	65-0791063	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	. 0 1		\$8.75 Additional
22	was to the second	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	11 21	6. Election Campaign Financing	\$5.00 May Be
23 MARO	PLORICH	28 MARGALLS	HOKIN	Trust Fund Contribution	Added to Fees
Zip	Country	Z19 - 10	Country	8. This corporation owes the current year	Intangible
24 <i>3506</i>	25	29 330 by 30		Personal Property Tax.	☐ Yes 🔼 🖽 🗸
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
ANAC	DU ANAZEO		81 Name		
	rilawyer Almeria avenue		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	IAL GABLES FL 33134				
COR	ML GABLES FE 33134		83		
	•		84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
					L 03 Zip sous
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida, Such change was auth	the above-named cor orized by the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	•	
agent. I a	m ramiliar with, and accept the obligation	ons or, Section 607.0505, Florida	a Statutes.		
agent. I a	in familiar with, and accept the obligation Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating) DATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	gistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD MAJESKI, USA B	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	pgistered Agent signature requi 13. 1.1 TITLE 1.2 NAME	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD MAJESKI, LISA B 1610 NORTH 68TH TERRACE HOLLYWOOD FL 33024	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	pgistered Agent signature requi 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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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: