


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

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90011 007 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000052661

1. Corporation Name
RAINBOW IMPORT EXPORT, INC.



Principal Place of Business 12443 SW 193RD STREET MIAMI FL 33177	Mailing Address 12443 SW 193RD STREET MIAMI FL 33177
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/1998

2. Principal Place of Business 21 10631 SW 141 DR	2a. Mailing Address 26 10631 SW 141 DR
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State miami: Florida	28. City & State miami: Florida
24. Zip 33176	29. Zip 33176
25. Country miami-Dade	30. Country miami-dade

4. FEI Number **65-0842-979**

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

9. Name and Address of Current Registered Agent

BERNARD, ANTHONY
16201 SW 95 AVENUE STE 109
MIAMI FL 33177

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BURNS, ROHAN
STREET ADDRESS	12443 SW 193RD STREET
CITY-ST-ZIP	MIAMI FL 33177
TITLE	VD <input type="checkbox"/> DELETE
NAME	STEWART, HEATHER
STREET ADDRESS	12443 SW 193RD STREET
CITY-ST-ZIP	MIAMI FL 33177
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEATHER STEWART
1.3 STREET ADDRESS	10631 SW 141 DR
1.4 CITY-ST-ZIP	MIAMI FL 33176
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROHAN BURNS
2.3 STREET ADDRESS	10631 SW 141 DR
2.4 CITY-ST-ZIP	MIAMI, FL 33176
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: Heather Stewart **8-11-99** 305 233-0114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0255702
CR2E034 (11/98)