


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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	10631 SW 141 DR	26	10631 SW 141 DR	06/12/1998		65-0842-979		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
23 miami: Florida		28 miami: Florida		<input type="checkbox"/>		BERNARD, ANTHONY 16201 SW 95 AVENUE STE 109 MIAMI FL 33177		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
24. Zip		29. Zip		30. Country		31. Country		32. Country	
24 33176		29 33176		30 miami: dade		31 miami: dade		32 miami: dade	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERNARD, ANTHONY 16201 SW 95 AVENUE STE 109 MIAMI FL 33177		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ROHAN	1.2 NAME	HEATHER STOWART
STREET ADDRESS	12443 SW 193RD STREET	1.3 STREET ADDRESS	10631 SW 141 DR
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, HEATHER	2.2 NAME	ROHAN BURNS
STREET ADDRESS	12443 SW 193RD STREET	2.3 STREET ADDRESS	10631 SW 141 DR
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)