

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S36287** (8)

1. Corporation Name

RAINBOW ACLF HIALEAH, INC.

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0325073	Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 75 EAST 7 STREET Suite, Apt. #, etc. 22 Hialeah, FL City & State 23 33010 Zip 24 DADE County	2a. Mailing Address 25 75 EAST 7 STREET Suite, Apt. #, etc. 26 Hialeah, FL City & State 27 33010 Zip 28 DADE County
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9. Name and Address of Current Registered Agent

BRACERAS, WILFRED
1200 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
FL
05 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]

(NOTE: Registered Agent signature required when reconstituting)

07/21/95

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BRACERAS, WILFRED
STREET ADDRESS	1200 PONCE DE LEON BLVD
CITY, ST, ZIP	CORAL GABLES FL
TITLE	BO
NAME	DEL BEATRIZ
STREET ADDRESS	1200 PONCE DE LEON BLVD
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	D/P/S/T
13 STREET ADDRESS	BRACERAS WILFRED
14 CITY, ST, ZIP	1200 PONCE DE LEON BLVD.
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 member 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/95

Signature Printed