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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$36287

(8)

RAINBOW ACLF HIALEAH, INC.

**FILED** May 08 1997 8:00am Secretary of State



| 2. Principal Place of Business   | \$8.75 Fee I \$5.0 Adder                                      | Applied For<br>Not Applicable<br>5 Additional<br>Required<br>10 May Be<br>and to Fees |
|--|---|---|
| Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City & State  City & State  BRACERAS, WI_FRED  690 W. 20TH STREET  HIALEAH FL 33010  11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  PSTD    DELETE   1.1 Title      Street Address (P.O. Box Number is Not Acceptable)   DELETE   | \$8.75 Fee I \$5.0 Adder                                      | Not Applicable 5 Additional Required 10 May Be 1d to Fees                             |
| Suite, Apl #, etc.    Suite, Apl #, etc.   Suite, Apl #, etc.  | \$8.75 Fee I \$5.0 Adder                                      | Additional<br>Required  May Be ad to Fees   |
| City 8 State  Registered Agent  Trust Fund Contribution  Registered Agent  Such a Statutes  Registered Agent  To, Name and Address of New Register  Registered Agent  To, Name and Address of New Register  Registered Agent  To, Name and Address of New Register  Registered Address (P.O. Box Number is Not Acceptable)  Trust Fund Contribution  To, Name and Address of Fundance  To, Name and Address of Fundance  To, Name and Address of Fundance  To, Name and Address of Fundan | Fee I \$5.0 Adder ngible tax under                            | Required  May Be d to Fees  |
| City & State  28  City & State  28  City & State  28  City & State  28  Country  Country  Country  Country  25  29  30  Country  8. This corporation has liability for intang Florida Statutes  Florida Statutes  Yes  9. Name and Address of Current Registered Agent  BRACERAS, WILFRED  590 W. 20TH STREET  HIALEAH FL 33010  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  HIALEAH FL 33010  83  84  City  City  11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature Typed to pititled name of mujested agent and for it applicable  NOTE Registered Agent s gnature required when reinstating)  DAT  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFI | \$5.0<br>Adder<br>ngible tax under<br>es \( \sum \text{No} \) | May Be<br>d to Fees   |
| 28 Trust Fund Contribution  7tp Country 21p Country 38. This corporation has liability for intend Florida Statutes 9. Name and Address of Current Registered Agent  BRACERAS, WILFRED 590 W. 20TH STREET HIALEAH FL 33010  81 Name 62 Street Address (P.O. Box Number is Not Acceptable)  83 Rational Statutes 84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature Typed or piched owns of registered agent and tire it applicable (NOTE Registered Agent signature required when reinstating)  DATE:  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO | Adderingible tax under  | d to Fees   |
| 24 25 29 30 Florida Statutes Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 590 W. 20TH STREET HIALEAH FL 33010  10. Name and Address of New Registered Agent 20. Name and Address of New Registered 20. Name and Address of N | es 🗌 No   | rs. 199.032,  |
| 9. Name and Address of Current Registered Agent  BRACERAS, WILFRED  590 W. 20TH STREET  HIALEAH FL 33010  81  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpos office or registered agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature Typed or piloted council of registered agent and brieft applicable (NOTE Registered Agent signature required when reinstating)  DATE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS / LITTLE  |   | ***   |
| 8. Name and Address of Current Registered Agent BRACERAS, WILFRED 590 W. 20TH STREET HALEAH FL 33010  82. Street Address (P.O. Box Number is Not Acceptable)  83. Represent to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature Typed or picted registered agent and tire is applicable. (NOTE Registered Agent a greature required when reinstating). DAT  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHAN | tered Agent   |   |
| 590 W. 20TH STREET HIALEAH FL 33010  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City    11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature Typical or picted reams of registered agent and stre if applicable (NOTE Registered Agent signature required when reinstating) DAT  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/C | <del></del>   |   |
| HIALEAN FL 33010  83  84 City  Figure 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature 1 years of registered agent and troit applicable (NOTE Registered Agent signature required when reinstating)  DATE:  OFFICERS AND DIRECTORS  DELETE 1.1 TITLE  | <del></del>   |   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose effice 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature typical or printed name of registered agent and tire it applicable. (NOTE Registered Agent signature required when reinstating). DAT  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DELETE. 1.1 NITLE.  |   |   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent 1 am familiar wills, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature Typication printed name of registered agent and brie if applicable (NOTE Registered Agent signature required when reinstating).  DATE:  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS / LISTLE  1.1 SILE   | <del></del>   | <del></del>   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature typest or pikited name of registered agent and tire it applicable. (NOTE: Registered Agent signature required when reinstating).  DAT  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DELETE. 1.1 TITLE   | FL 85 Zip   | ip Code   |
| 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature type of or picture of muscle of agent and trock applicable. (NOTE: Registered Agent a gnature required when reinstating).  DAT  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS / LITTLE  PSTD   |   | n ian enginteene  |
|  |   |   |
|  | Change  | e Addition  |
| NAME BRACERAS, WILFRED 12 NAME   |   |   |
| STREET ADDRESS 590 W. 20TH STREET 1.3 STREET ADDRESS   |   |   |
| CHY-SI-7IP HIALEAH FL 1.4 CHY-ST-ZIP   |   |   |
| THE DELETE 2.1 TILE  | Change  | e L Addition  |
| NAME 2.2 NAME  |   |   |
| STIPLE ACCURESS 2.3 STREET ADDRESS   |   |   |
| CITY S1-2F   | Change  | e Addition  |
|  | final Classific   | 2 Monton  |
| NAME STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS  |   |   |
| CITY-ST-ZIP  3.4 CITY-ST-ZIP   |   |   |
| THE DELETE 4.1 TITLE   | Change  | e Addition  |
| NAME 4.2 NAME  |   |   |
| STPEET ACCORES 4.3 STREET ADDRESS  |   |   |
| CITY ST - 70   |   |   |
| THE L DELETE 5.1 TITLE   | Change  | e Addition  |
| NAME 5.2 NAME  |   |   |
| STREET ADDRESS. 5.3 STREET ADDRESS   |   |   |
| CHY-S1-789 5.4 CHY-S1-21P  |   |   |
| THE DELETE 6.1 TITLE   | ☐ Change  | e Addition  |
| NAME   |   |   |
| SCHAFT ADDRESS 6.3 STREEF ADDRESS  |   |   |
| CHY-S1 ZIV 6.4 CHY-S1-ZIP  |   |   |

I have the same legal effect as if made under oath; that he same legal effect as if made under oath; that have 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 or on an attachment with an address.

**SIGNATURE:**