

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00****CORPORATION  
ANNUAL REPORT  
1995**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS**APPROVED  
AND  
FILED**

95 MAY - 1 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT # S44492 (4)**

1. Corporation Name

**RAINBOW PREPARATORY SCHOOL, INC.**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/11/1991</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1994</b>                                       |
| 4. FEI Number<br><b>65-0264719</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                                                 |
| 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                    |

|                                                                                                                                  |                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b><br>Suite, Apt. #, etc.<br><b>22</b><br>City & State<br><b>23</b><br>Zip<br><b>24</b> | 2a. Mailing Address<br><b>26</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28</b><br>Zip<br><b>29</b> |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

## 9. Name and Address of Current Registered Agent

**EVANS, LAURIE P.  
328 MINORCA AVE  
CORAL GABLES FL 33134**

## 10. Name and Address of New Registered Agent

|                                                                                                |                              |
|------------------------------------------------------------------------------------------------|------------------------------|
| 81. Name<br><b>Forrest Sygman</b>                                                              | 85. Zip Code<br><b>33134</b> |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>328 Minorca Avenue, 2nd Floor</b> |                              |
| 84. City<br><b>Coral Gables, Florida FL</b>                                                    |                              |

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 **Forrest Sygman** *Forrest Sygman* **April 25, 1995**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS                |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |  |
|-------------------------------------------|----------------------------------|--------------------------------------------------------------------------------|--|
| TITLE<br><b>PO</b>                        | NAME<br><b>CLARK, JANET</b>      | 1.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br><b>9670 GLACIER DR</b>  |                                  | 1.2 NAME                                                                       |  |
| CITY - ST - ZIP<br><b>MIAMI FL</b>        |                                  | 1.3 STREET ADDRESS                                                             |  |
|                                           |                                  | 1.4 CITY - ST - ZIP                                                            |  |
| TITLE<br><b>VD</b>                        | NAME<br><b>ANDERSON, BEVERLY</b> | 2.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br><b>3371 NW 187 TERR</b> |                                  | 2.2 NAME                                                                       |  |
| CITY - ST - ZIP<br><b>MIAMI FL</b>        |                                  | 2.3 STREET ADDRESS                                                             |  |
|                                           |                                  | 2.4 CITY - ST - ZIP                                                            |  |
| TITLE<br><b>TD</b>                        | NAME<br><b>YOUNG, ELBERT</b>     | 3.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br><b>18831 NW 42 AVE</b>  |                                  | 3.2 NAME                                                                       |  |
| CITY - ST - ZIP<br><b>MIAMI FL</b>        |                                  | 3.3 STREET ADDRESS                                                             |  |
|                                           |                                  | 3.4 CITY - ST - ZIP                                                            |  |
| TITLE<br><b>D</b>                         | NAME<br><b>HUTSON, GLENDA</b>    | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br><b>1055 NW 150 ST</b>   |                                  | 4.2 NAME                                                                       |  |
| CITY - ST - ZIP<br><b>MIAMI FL</b>        |                                  | 4.3 STREET ADDRESS                                                             |  |
|                                           |                                  | 4.4 CITY - ST - ZIP                                                            |  |
| TITLE                                     | NAME                             | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                            |                                  | 5.2 NAME                                                                       |  |
| CITY - ST - ZIP                           |                                  | 5.3 STREET ADDRESS                                                             |  |
|                                           |                                  | 5.4 CITY - ST - ZIP                                                            |  |
| TITLE                                     | NAME                             | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                            |                                  | 6.2 NAME                                                                       |  |
| CITY - ST - ZIP                           |                                  | 6.3 STREET ADDRESS                                                             |  |
|                                           |                                  | 6.4 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 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.

SIGNATURE: *Janet Clark, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature/Printed Name)