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

FILED PROFIT May 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham " ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # RAINBOW PREPARATORY SCHOOL, INC. Principal Place of Business Mailing Address 13301 NW 24 AVE 13301 NW 24 AVE MIAMI FL 33167-1329 MIAMI FL 33167-1329 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0264719 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Country Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent -SYGMAN, FORREST 328 MINORGA AVENUE 82 2ND-FLOOR 83 GORAL-GABLES FL 33134 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 60th, 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD Change Addition DELETE TITLE 1.1 TITLE CLARK, JANET NAME 1.2 NAME 9670 GLACIER DR 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition VD Change TITLE 2.1 TITLE ANDERSON, BEVERLY NAME **3**371 NW 187 TERR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE CLARK, STACY 3.2 NAME NAME 9670 GLACIER DR 3.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 3.4. CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE OTROBLE, SR. B 4. 2 NAME NAME 0670 GLACIER DR 4,3 STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE

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 of 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 approximation.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP