

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

0203115

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90030 050 ***150.00

DOCUMENT # **V28490**

1. Corporation Name
RAINCLOUD, INC.



Principal Place of Business
**ONE S POINTE DR
MIAMI BEACH FL 33139
US**

Mailing Address
**ONE S POINTE DR
MIAMI BEACH FL 33139
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **404 WASHINGTON AVE.**

2a. Mailing Address

26 **404 WASHINGTON AVE.**

Suite, Apt. #, etc.

22 **120**

Suite, Apt. #, etc.

27 **120**

City & State

23 **MIAMI BEACH, FL**

City & State

28 **MIAMI BEACH, FL**

Zip

24 **33139**

Country

25 **DADE**

Zip

29 **33139**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

~~THREATT, ROBERT R.~~
~~ONE S POINTE DR~~
~~MIAMI BEACH FL 33139~~

3. Date Incorporated or Qualified

04/14/1992

4. FEI Number

65-0334929

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **BRIAN A. HART**
THOMSON, MURRAY RAZOOK & HART, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

ONE SOUTHEAST THIRD AVENUE

83 **17TH FLOOR**

84 City

MIAMI

FL

85 Zip Code

33131

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]
Signature, typed or printed name of registered agent and title if applicable

BRIAN A. HART

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KRAMER, THOMAS**
STREET ADDRESS **ONE S POINT DR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VP** ☒ DELETE
NAME **HANAU, H.**
STREET ADDRESS **ONE S POINTE DR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VPS** ☐ DELETE
NAME **NEE, M.**
STREET ADDRESS **ONE S POINTE DR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **404 WASHINGTON AVE., SUITE 120**
1.3 STREET ADDRESS **MIAMI BEACH, FL 33139**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **404 WASHINGTON AVE., SUITE 120**
3.3 STREET ADDRESS **MIAMI BEACH, FL 33139**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **S CATHY COLONNESE**
5.3 STREET ADDRESS **404 WASHINGTON AVE., SUITE 120**
5.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

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

Date

Daytime Phone #

4/29/99

CR2E034 (11/98)