SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V47405** **(8)**

1. Corporation Name
RAINBOW ENTERPRISES OF BROWARD, INC.

Principal Place of Business	Mailing Address
640 SW 130TH TER DAVIE FL 33325	640 SW 130TH TER DAVIE FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 4316 REFLECTIONS BLVD. N.
22 Suite, Apt. #, etc.: 104
23 City & State: SUNRISE FL
24 Zip: 33351
25 Country:

2a. Mailing Address
26: 4316 REFLECTIONS BLVD. N.
27 Suite, Apt. #, etc.: 104
28 City & State: SUNRISE FL
29 Zip: 33351
30 Country:

4. FEI Number: 65-0340507 ☐ 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

9. Name and Address of Current Registered Agent

BEAULIEU, SYLVAIN
640 SW 130TH TER
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: BEAULIEU SYLVAIN
82 Street Address (P.O. Box Number Is Not Acceptable): 4316 REFLECTIONS BLVD. N.
83: #104
84 City: SUNRISE FL 85 Zip Code: 33351

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☑ Change ☐ Addition
NAME	BEAULIEU, SYLVAIN	1.2 NAME	BEAULIEU SYLVAIN	
STREET ADDRESS	640 SW 130TH TER	1.3 STREET ADDRESS	4316 REFLECTIONS BLVD. N #104	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	OBERT, NATHALIE	2.2 NAME	OBERT NATHALIE	
STREET ADDRESS	640 SW 130TH TER	2.3 STREET ADDRESS	4316 REFLECTIONS BLVD. N. #104	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] / SYLVAIN BEAULIEU 6-30-95 (305) 572-9653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

009/200 CP