

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG 11 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40725
1. Corporation Name

RCMP, INC.

Principal Place of Business	Mailing Address
625 Madison Avenue 9th Floor New York, NY 10022	625 Madison Avenue 9th Floor New York, NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 9/30/92	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3627391	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T Corporation System 1200 South Pine Island Road Plantation, FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input type="checkbox"/> DELETE	11 TITLE	500002619535	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ross, Stephen M.		12 NAME	-08/13/98--01101--006	
STREET ADDRESS	625 Madison Avenue		13 STREET ADDRESS	****\$550.00 ****\$550.00	
CITY-ST-ZIP	New York, NY		14 CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wechsler, Michael J.		22 NAME		
STREET ADDRESS	625 Madison Avenue		23 STREET ADDRESS		
CITY-ST-ZIP	New York		24 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGuire, Susan J.		32 NAME		
STREET ADDRESS	625 Madison Avenue		33 STREET ADDRESS		
CITY-ST-ZIP	New York, NY		34 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augenblick, Andrew		42 NAME		
STREET ADDRESS	625 Madison Avenue		43 STREET ADDRESS		
CITY-ST-ZIP	New York, NY		44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			52 NAME	Hernandez, Angel	
STREET ADDRESS			53 STREET ADDRESS	2828 Coral Way, PH I	
CITY-ST-ZIP			54 CITY-ST-ZIP	Miami, Florida	
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(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: *Angel Hernandez* **ANGEL HERNANDEZ** VICE - PRESIDENT 8/4/98 3054609900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Day, Month - Year

CR2E034 (10/97)