

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90316 021 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040756

RCA TRADING CO.

Principal Place of Business CR FL 34108	Mailing Address 835 BENTWATER CR 201 NAPLES FL 34108-6782 US
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Principal Place of Business 713 Pineside Ln Apt. #, etc.	3. Mailing Address 713 Pineside Ln Suites, Apt. #, etc.
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City & State Naples, FL 34108	Country U.S.	City & State Naples, FL 34108	Country U.S.
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4. FEI Number 65-0664961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD WIDE CORPORATE SERVICES INC.
1 FINANCIAL PLAZA
#2626
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Stephen F. Goldenbers 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
ST. ZIP	PD Pope, Dominick 195 TENTH AVE NEW YORK, N.Y. 10011	<input type="checkbox"/>
ST. ZIP	S. Palmieri, Cosmo 195 TENTH AVE NEW YORK, N.Y. 10011	<input type="checkbox"/>
ST. ZIP		<input type="checkbox"/>
ST. ZIP		<input type="checkbox"/>
ST. ZIP		<input type="checkbox"/>
ST. ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dominick Pope REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Daytime Phone #

11/14/1989