

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

**APPROVED
AND
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97 JUL 21 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000096239 (4)
1. Corporation Name
RCG, INC.



Principal Place of Business: **337 N.E. 69TH STREET MIAMI FL 33148**
Mailing Address: **337 N.E. 69TH STREET MIAMI FL 33138-5523**

3. Date Incorporated or Qualified: **11/26/1996** 3a. Date of Last Report
4. FEI Number: **65-0716476** 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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25.
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. 30.

9. Name and Address of Current Registered Agent
**GENTLE, NICHOLAS
311 S.W. 84TH AVENUE
MIAMI FL 33144**

10. Name and Address of New Registered Agent
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 607.1506, 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]* **5-21-97**

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE Change Addition
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP
29. TITLE Change Addition
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE Change Addition
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP
37. TITLE Change Addition
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP
41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE Change Addition
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP
49. TITLE Change Addition
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP
53. TITLE Change Addition
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP
57. TITLE Change Addition
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP
61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

CR2E034 (9/96)

8/7/23

5-21-97 305 351-0730