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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

291013

(1)

R C FINANCE CORPORATION						
Principal Place of Business 1770 W FLAGLER ST. SUITE 2 MIAM FL 33135		Mailing Address 1770 W FLAGLER ST. SUITE 2 MIAMI FL 33135		T THE THE THE PROPERTY AND PROPERTY OF THE PROPERTY OF THE STREET BOOK STREET IN THE STREET STREET		
minum (E. C.	5133	MIAMI PE 33133			Date Incorporated or Qualified 03/17/1965	3a. Date of Last Report 05/01/1995
2. Principa! Pt	ace of Business	2a. Mailing Address 26	· ····		4. FEI Number 59-1159343	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	- 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oily & State	City & State		6. Election Campaign Financing	55.00 May Be
23 Ζιρ	***		(Country		This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Curre	29	30		Florida Statutes 🔣 Yes	
	9, Italie and Address of Curre	ant negistered Agent	81	Name	10. Name and Address of New R	egistered Agent
ECHEVE	erria, Juan N.		82	Street Add	ress (P.O. Box Number is Not Acceptab	al
1008 SW 3RD AVE.				L	ress (1.10). Box Number is Not Acceptable	♥)
MIAMI F	FL 33130		63	1		
			84	City	······································	FI 85 Zip Code
SIGNATURE	ith, and accept the obligations of, Sei Separate treat operisation of a processing OFFICERS A		h (h R pitasalA) ■ 13.	Signatur tispor	ADDITIONS/CHANGES TO OFF	DATE CEDIS AND DIDECTORS IN 12
TITLE	TS	TS DELETE			ADDITIONS CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change
NAME	TUNON, JUAN G.		1.2 NAME	12 NAME		
STREET ADDRESS	1040 WEST 28TH STREET HIALEAH FL			I ADDRESS		
CITY-ST-ZIP TITLE	PD DELETE		1.4 C(1Y - S1 - Z)P 2.1 7-1) E			Change Addition
NAME	ECHEVERRIA, JUAN N.		2.2 NAM8			
STREET ADDRESS	1008 SW 3RD AVE.		2.3 STREET ADDRESS			
TITLE	MIAMI, FL 00000	DELETE	2 4 CHY ST Ziff		☐ Change ☐ Addition	
NAME		CI VICE	3.2 NAME			
STREET ADDRESS			3 3 S*R86	T ADDRESS		
CITY-ST-ZIF		[] DELETE	3 4 CHY-	S1 - ZIF		
NAME			4 1 THE 4 2 NAME			Change Addition
STREET ADDRESS				LADORESS		
CITY-ST-ZIP		The state	4.4 CITY -	S1 - 21F		
NAME	☐ DELETE			5 1 TITLE Change Add-		Change Addition
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIF			5.4 City -			
TITLE		DELETE	6 17111			Change Addition
NAME Carles Appended			6.2 NAME			
STREET ADDRESS CITY-ST-ZIF			6.3 S*HEE 6.4 CITY -	T ADORESS		
14. I do hereb certify that oath; that	t the information indicated on this an	hual report or supplemental ar poration or the receiver or trus	imished and doe inual report is tr tee empowered	es not quality fue and accura	or the exemption stated in Section 1193 de and that my signature shall have the s report as required by Chapter 607, Fig	same legal effect as if made under
SIGNAT	WRE:	DE SIGNING OFFI	CER OR DIRECTOR		4/29/90	305 642-454