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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90016 021 ***150.00
07-14-1999 90016 022 ***400.00

DOCUMENT # 291013

1. Corporation Name

R-C FINANCE CORPORATION

Principal Place of Business	Mailing Address
1770 W FLAGLER ST. SUITE 2 MIAMI FL 33135	1770 W FLAGLER ST. SUITE 2 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualifed
03/17/1965

4. FEI Number
59-1159343

Applied For
Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
ECHEVERRIA, JUAN N. 1008 SW 3RD AVE. MIAMI FL 33130	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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE TS	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME TUNON, JUAN G.		1.2 NAME	Tunon, Juan. G.	
STREET ADDRESS 1040 WEST 28TH STREET		1.3 STREET ADDRESS	5040 S.W. 133rd Ave.	
CITY-ST-ZIP HIALEAH FL		1.4 CITY-ST-ZIP	Miramar, Fl. 33027	
TITLE PD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME ECHEVERRIA, JUAN N.		2.2 NAME		
STREET ADDRESS 1008 SW 3RD AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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, with all other like empowered.

SIGNATURE: _____ Juan G. Tunon 5/01/99 305-642-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (11/98)