

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004023 (7)**

1. Corporation Name

RMC TRADE FINANCE INC.

Principal Place of Business

6303 BLUE LAGOON DR. STE. 402
MIAMI FL 33126

Mailing Address

6303 BLUE LAGOON DR. STE. 402
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/02/1994

4. FEI Number

65-0495310

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 6303 BLUE LAGOON DR.

2a. Mailing Address

26 6303 BLUE LAGOON DR.

Suite, Apt. #, etc.

22 SUITE # 420

Suite, Apt. #, etc.

27 SUITE 420

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33126

Country

25 U.S.A.

Zip

29 33126

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of Now 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 607.1508, 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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME MCAFEE, P. KIRK
STREET ADDRESS PO BOX 98 / LOVELLE ST.
CITY-ST-ZIP LINCOLNDALE NY 10540

TITLE DS
NAME RING, MERRILL
STREET ADDRESS 229 EAST 79TH ST., APT. 14F
CITY-ST-ZIP NEW YORK NY 10021

TITLE DV
NAME NAIRN, ALBERTO
STREET ADDRESS 6303 BLUE LAGOON DR., STE. 402
CITY-ST-ZIP MIAMI FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO NAIRN

4/18/95 (305)266-3776

Date

Signature Please