

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005627**

1. Entity Name

R.C.I. ROCKWELL CORP. INC.**FILED**
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90154 004 ***550.00

Principal Place of Business

11111 BISCAYNE BLVD TOWER I
SUITE 118
MIAMI FL 33181

Mailing Address

11111 BISCAYNE BLVD TOWER I
SUITE 118
MIAMI FL 33181

2. Principal Place of Business

11111 Biscayne Blvd
Suite, Apt. #, etc
Tower III - Suite 2055

3. Mailing Address

11111 Biscayne Blvd
Suite, Apt. #, etc
Tower III - 2055

City & State

Miami, FL
Zip 33181

Country USA

City & State

Miami, FL
Zip 33181

Country USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADILLA, ORESTES L
11111 BISCAYNE BLVD TOWER 1
STE 118
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name: PADILLA, ORESTES L
Street Address (P.O. Box Number is Not Acceptable)
11111 Biscayne Blvd
Tower 3 - #2055
City & State: Miami, FL
Zip Code: 33181

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PSD
NAME: CORTES DE HIM, MARIA E
STREET ADDRESS: AVE BILBAO EDIF, GAVITA PLANTA BAJA
CITY-ST-ZIP: PANAMA CITY, PANAMATITLE: TD
NAME: GONZALEZ, ADOLFO V
STREET ADDRESS: AVE BILBAO EDIF, GAVITA PLANTA BAJA
CITY-ST-ZIP: PANAMA CITY, PANAMATITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE:
NAME:
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STREET ADDRESS:
CITY-ST-ZIP: TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)