
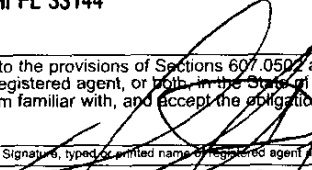


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90050 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K02567 1. Corporation Name RSC INVESTMENTS, INC.					
Principal Place of Business % RAUL A. SUAREZ-DEL CAMPO 8390 WEST FLAGLER ST STE 211 MIAMI FL 33144-2039 US			Mailing Address % RAUL A. SUAREZ-DEL CAMPO 8390 WEST FLAGLER ST STE 211 MIAMI FL 33144-2039 US		
2. Principal Place of Business 21 10560 N.W. 27 ST. Suite, Apt. #, etc. 22 Suite 101 City & State 23 MIAMI FL Zip 24 33172 Country 25 USA		2a. Mailing Address 26 10560 N.W. 27 ST. Suite, Apt. #, etc. 27 Suite 101 City & State 28 MIAMI FL Zip 29 33172 Country 30 USA		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1987 4. FEI Number 65-0051948 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SUAREZ-DEL CAMPO, RAUL A. 8390 WEST FLAGLER STREET SUITE 211 MIAMI FL 33144			10. Name and Address of New Registered Agent 81 Name SUAREZ-DEL CAMPO, RAUL A 82 Street Address (P.O. Box Number is Not Acceptable) 10560 N.W. 27 ST. 83 SUITE 101 84 City MIAMI FL 85 Zip Code 33172		
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  DATE 2-4-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME SUAREZ-DEL CAMPO, RAUL A STREET ADDRESS 8390 W FLAGLER STREET SUITE 211 CITY-ST-ZIP MIAMI FL 33144-2039 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME SUAREZ-DEL CAMPO, RAUL A 1.3 STREET ADDRESS 10560 N.W. 27 ST, SUITE 101 1.4 CITY-ST-ZIP MIAMI, FL 33172 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)