

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morihari Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K26304 (1)
 1. Corporation Name
RSC REALTY, INC.



Principal Place of Business % JORGE M. PEREZ 2828 CORAL WAY. PH MIAMI FL 33145	Mailing Address % JORGE M. PEREZ 2828 CORAL WAY. PH MIAMI FL 33145
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/09/1988 3a. Date of Last Report 04/18/1995 4. FEI Number 65-0059075 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 has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PEREZ, JORGE M. 2100 CORAL WAY PH I MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 type for printed name of registered agent and the applicant (the FEI Registered Agent's signature is not required for reinstatement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D PEREZ, JORGE M. 2828 CORAL WAY, PH MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	14 CITY-ST-ZIP	
21 TITLE	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	24 CITY-ST-ZIP	
31 TITLE	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS	34 CITY-ST-ZIP	
41 TITLE	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS	44 CITY-ST-ZIP	
51 TITLE	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS	54 CITY-ST-ZIP	
61 TITLE	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)