

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90096 028 ***150.00

DOCUMENT # L26620

1. Corporation Name
RSC MANAGEMENT, INC.

Principal Place of Business

8390 W FLAGLER ST
211
MIAMI FL 33144-2039
US

Mailing Address

8390 W FLAGLER ST
211
MIAMI FL 33144-2039
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1989

4. FEI Number
65-0155067

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

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**

9. Name and Address of Current Registered Agent

SUAREZ-DEL CAMPO, RAUL
8390 W FLAGLER ST
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

84 City

MIAMI

FL

85 Zip Code

33172

11. Pursuant to the provisions of Sections 607.0802 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

2-4-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SUAREZ-DEL CAMPO, RAUL**
STREET ADDRESS **8390 W FLAGLER STREET #211**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D SUAREZ-DEL CAMPO, RAUL**
1.3 STREET ADDRESS **10560 N.W. 27 ST., SUITE 101**
1.4 CITY-ST-ZIP **MIAMI, FL 33172**

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 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 #

2-4-99

305.597-8800

CR2E034 (11/98)