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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # M14284

R.C.M. WORLDWIDE ADVERTISING CORP.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90081 028 ***150.00

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Principal Place	of Business	Mailing Address						
P O BOX 3267 P O BOX 3267		ļ						
HIALEAH FL 33013 HIALEAH FL 33013			}	DO NOT WRITE IN THIS SPACE				
					ł	3. Date Incorporated or Qualifed	11110 01 7102	 -
					- (04/16/1985		
2 Principal Pl	ace of Business	2a, Mailing Address			\longrightarrow	4. FEI Number		Applied For
2. 1:11()C)par 1-1	ace of Cusinoss	26			<u> </u>	59-2593825		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						5 Additional
22		27		- {	5. Certifcate of Status Desired	-	Required	
City & State	8	City & State				-6Election Campaign Financing	\$5.0	O-May Be
23		28		` -	1	Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zíp Country			8. This corporation owes the current ye	ar Intangible		
24	25	29 30	ol			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regist	ered Agent	
1440	TIMET DOV		81	Name				
	TINEZ, ROY		82	Street A	Addres	is (P.O. Box Number is Not Acceptable)		
	O NW 77 CT.							
6296	235LAKES FL		83					
			84	City			85 Z	ip Code
			}				FL)	
office or n	to the provisions of Sections 607,050, egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the como	oration'	ation submits this statement for the purpo 's board of directors, I hereby accept the	appointment as	registered
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re		nt signature re	equired w	rhen reinstating) DA		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	P DOV	☐ DELETE	1.1 TITLE	Ì	6	OYMARTINEZ 2000 NW 77 CT.		ge 🚋 🗔 Addition
NAME	MARTINEZ, ROY		1.2 NAME)		OGMARIA 27 CT.		
STREET ADDRESS	18700 NW 77 CT		1.3 STREE	TADORESS	∕8	700 200 77 -		
CITY-ST-ZIP	MIAMI LAKES FL 33015		1.4 CITY- 9	T-ZIP	1321	AMILAKES, El. 33015	Chang	se Addition
TITLE		☐ DELETE	2.1 TITLE	1			Contant	ge
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
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NAME			3.2 NAME					
STREET ADORESS				T ADDRESS	1			ĺ
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TITLE			4.1 TITLE	ļ			[] cuali	
NAME			4. 2 NAME					Ì
STREET ADORESS			•	TADORESS				ł
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TITLE		ריו הברבוב ו	5.1 Τίπιε 5.2 NAME					- Languagii
NAME		1	•	T ADDRESS	1			(
STREET ADDRESS			5.4 CITY-S	J	l			
CITY-ST-ZIP	 	☐ DELETE	6.1 TITLE	11- UF			Chang	ge [] Addition
TITLE :		L) bereie	6.2 NAME	(آ میمان	
NAME				TADDOCOC	Ì			ì
STREET ADDRESS			li .	T ADDRESS				
CITY-ST-ZIP		 	6.4 CITY-5	11-212		etian 440 07/2)/i) Florido Statutos I fueb		i-f

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 of trusted 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:

4/29/99