MAR-28-02 THU 06:20 PM LAZARUS CORPORATION FAX:3052201440

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90468 049 ***150.00

DOCUMENT # P01000018225

1. Entity Name
R.C.I. U.S.A. GROUP CORP.

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B00068667

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12225 PEMBROKE RD.	12225 PEMBROKE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES - FL	City & State: PEMBROKE PINES - FL
Zip: 33025 Country: BROWARD	Zip: 33025 Country: BROWARD

4. FEI Number: 65-1100752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: ROBERTO M. REBUFFO
Street Address (P.O. Box Number is Not Acceptable): 12225 PEMBROKE Rd.
PEMBROKE PINES FL Zip Code 33025

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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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	ROBERTO M. REBUFFO	NAME	
STREET ADDRESS	12225 PEMBROKE Rd.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	SILVIA REBUFFO	NAME	
STREET ADDRESS	12225 PEMBROKE Rd.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/08/02
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #