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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200003680 (5)

R.C.M INVESTMENTS, INC.

FILED

May 06 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address 821 WEST 39 PLACE HALEAH FL 33012 HALEAH FL 33012-724				
US 1			3. Date Incorporated or Qualified 11/05/1992	3a. Date of Last Report 04/29/1996
Principal Place of Business 1	2a. Mailing Address 26		4. FEI Number 65-0373344	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
9. Name and Address of C			10. Name and Address of New Re	
RODIRGUEZ, RAMIRO 821 W. 39 PL.	T., A., A., A., A., A., A., A., A., A., A	81 Name	AMINO R. ROI	
HIALEAH FL 33012			ess (P.O. Box Number is Not Acceptab	
TIMELOUTE COULE		83 62 5	1 10 51.101	
en e		202	I W 39PL ALWH	
		84 City	ALKIH	FL 85 7ip Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	: State of Honda. Such chance was at	s, the above-named corp uthorized by the corporat	poration submite this statement for the p	Use and changing its social season
SIGNATURE				
Signature, typod or printed name of registr 12. OFFICER	ered agent and little if applicable (NOTE RS AND DIRECTORS	Fingistered Agent a gnature require 13.	ed wher reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE	ASSISTANCES TO OTHE	Change Addition
NAME RODIRGUEZ, RAMIRO		1.2 NAME		La risality
STREET ADDRESS 821 WEST 39 PLACE		1.3 \$TREET ADDRESS		
CITY-ST-ZIP HIALEAH FL		1.4 CH1Y - \$1 - 7/P		
TITLE VID	☐ DELETE	2.1 TITLE		Change Addition
NAME RODIRGUEZ, CARMEN 821 WEST 39 PLACE		2.2 NAME	+ P	
LIMI CALI EI		2.3 STREET ADDRESS		
OH 1-SI-ZH	Ditte	2. 4 CITY - ST - ZIP		
NAME RODIRGUEZ, MAYELIN	☐ DELETE	3.1 TOLE		L Change L Addition
STREET ADDRESS 821 WEST 39 PLACE		3.2 NAME		
MINI CALI CI		3.3 STREET ADDRESS		
CITY-ST-ZIP THALEAT FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		4.2 NAME		El cusude El vandibil
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-S1-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		•
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TiTLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADORESS		
CITY-ST-2IP		6.4 CITY - ST - ZIP		

I do 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 enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

the second secon

pullar lan and P