

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014954 (0)

1. Corporation Name

RCM TRADING CORP.



Principal Place of Business

Mailing Address

1717 N. BAYSHORE DR
#2339
MIAMI FL 33132

1717 N. BAYSHORE DR
#2339
MIAMI FL 33132

3. Date Incorporated or Qualified
02/22/1993

3a. Date of Last Report
10/16/1995

2. Principal Place of Business

2a. Mailing Address

21 1717 N. BAYSHORE DR.

26 1717 N. BAYSHORE DR.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 301

27 301

City & State

City & State

23 MIAMI

28 MIAMI

Zip

Country

Zip

Country

24 33132

25 FL.

29 33132

30 FL.

4. FEI Number

65-0410285

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAIETTO, RENZO A
1717 N. BAYSHORE DRIVE
#2339
MIAMI FL 33132

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of the person who is the registered agent or director, as applicable) (If the registered agent's signature is not a legal name, it must be accompanied by a statement of the person's name and address.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MAIETTO, CARLO
STREET ADDRESS 1925 BRICKELL AVE. #1609-D
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE PST
NAME MAIETTO, RENZO
STREET ADDRESS 1717 N. BAYSHORE DR. #2339
CITY-ST-ZIP MIAMI FL 33132

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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

6/13/96

305-3587924

CR2E034 (3/96)