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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000014954

1. Corporation Name

RCM TRADING CORP.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90133 039 ***150.00

Principal P ace	e of Business	Mailing Address						61818 18181	****** **** (48*	
1717 N. BAYSH	KORE DR	1717 N. BAYSHORE DR.			1					
SUITE 301 SUITE 301						DO NOT WRITE IN THIS SPACE				
MIAMI FL 33132 MIAMI FL 33132					2 Date I	3. Date I corporated or Qualifed				
US		US				2/1 993	•			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI N			- I Ap	plied For	1
599 GLENRIDGE 28 599 GLENRI			RIDKE	20		10285			1 Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A		i
27					5. Certifc	ate of Status Desired		Fee Re	quired	}
City & State City & State				.,	6. Electic	n Campaign Financing		\$5.00	Иау Ве	
23 KE	LY 150 SCHYNELL	128 KEY BISCAY	NE FL		Trust F	und Contribution		Added to		
Zip 🔿 🗘	Cour try	Zip _{2, 2, 1, 1, 0}	Country	,	8. This co	rporation owes the cur	rent year	Intangible	1/	
24 25	147 [25]	29 55144	30			al Property Tax.		Yes	Z (No)
	9. Name and Address of Current	Registered Agent			10. Name	and Address of New	Register	d Agent		1
			81	Name						
MAIETTO, RENZO A				Street	Address (P.O. Bo)	Rents Moletto	table)	·		1
1717 N. BAYSHORE DRIVE						99 Glenrides & C	<u> </u>]
#2339			83		Key	Bisconne, FL 23	149			
MIAN	VII FL 33132 \ (1	84	City				85 Zip C	Code	1
	}		1	},			F	L		
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or boto in the State c m familiar with, and a cent the obligati	and 607.1508, Florida Statute	s, the abov	e-named	or reporation submi	s this statement for the	e purpose	of changing its	registered a stered	
office ∈rr agent. ∣a	egistered agent, or both in the State c m familiar with, and a cent the obligati	f Hiotida. Such change was ਜੁਹ ors of, Section 607.0605, Flori	da Statutes	the corpt s.	DIRITION & BOARD OF	in ectors. Thereby acce	prine ap		g Stored	
SIGNATURE			217400	T AP	SNT	4	1691	191 _		
SIGNATONE			Registered Age	nt signatur n	equired when reinstating)		DATE	1	F10 Ib 10	
12.	OFFICERS AND		13.			NS/CHANGES TO O	FFICERS	AND DIRECTO	Addition	-
TITLE	D	OELETE	1.1 TITLE		F'RESIDEA					
NAME	MAIETTO, CARLO		12 NAME		KEN20	MALETTY	۷	00		1:
STREET ADDRESS	1020 BITONELE ATC. # 1000 B			TADDRESS	5990	MAIETTY LENRID BIJCAY	25	RD.	U Q	
CITY-ST-ZIP			1,4 CITY-5	ST-ZIP	- EEY	BISCAY	NE		☐ Addition	{
TITLE	- [-		2,1 TITLE			•		[] Change		
NAME	MAIETTO, RENZO		2.2 NAME							Ì
STREET ADDRESS 1717 N. BAYSHORE DR. #301				TADDRESS						
CITY-ST-ZIP	MIAMI FL	TI DELETE	2, 4 CITY-	ST-ZIP				Change	Addition	1
TITLE		☐ DÉLÉTE	3.1 TITLE					□ change		
NAME			3.2 NAME	i						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP				Change	Addition	-
TITLE		□ Detete	1	ı						1
NAME			4, 2 NAME							
STREET ADDRESS				TADDRESS						İ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	ST-ZIP	 			☐ Change	Addition	1
TMLE			51 TITLE 5.2 NAME					- Ontonigo		
NAME	1			TADDRESS						
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP		DELETE	6.1 TITLE					Change	Addition	1
TITLE			6 2 NAME							
NAME				TADDRESS						
STREET ADDRESS		/ \	6.4 CITY-5							
CITY ST 762	l	<i>i</i> 1	■ 0.4 UHT~3	31-4IF	t					1

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 3)(i), Florida Statutes. I further cartify 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: RENZO MAÍCIO DE SIGNADO OFFICIA OR DIRECTOR DE SIGNADO OR DIRECTOR D