

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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96 MAY -1 PM 2:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT-
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050754 (9)

1. Corporation Name

RC SUPPLIES, CORP.



Principal Place of Business

**12941 SW 88 LANE
MIAMI FL 33186**

Mailing Address

**12941 SW 88 LANE
MIAMI FL 33186**

2. Principal Place of Business

21 10005 N.W. 51 TERR.

Suite, Apt. #, etc.

22 MIAMI, FL.

City & State

23 MIAMI, FL.

Zip

24 33178

Country

25 U.S.

2a. Mailing Address

26 10005 N.W. 51 TERR.

Suite, Apt. #, etc.

27 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

29 33178

Country

30 U.S.

3. Date Incorporated or Qualified

07/20/1993

3a. Date of Last Report

08/04/1995

4. FEI Number

65-0424750

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

**CELIS, ROSELIANO R
12941 SW 88 LANE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
CELIS, ROSELIANO R
12941 SW 88TH LANE
MIAMI FL 33186**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**P
CELIS, ROSELIANO R.
10005 N.W. 51 TERRACE
MIAMI, FL. 33178**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

**800001803568
-05/01/96--01048--014
****200.00 ****200.00**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

305-418-4727

Daytime Phone #

CR2E034 (12/95)