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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

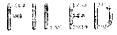
P9400002828 (9)

R.C. TRADING INC.

Principal Place of Business Mailing Address

7494 N.W. RSTH ST.

7424 N.W. 55TH ST.



97 JUN -6 AM 11: 07

SECRETARY OF STATE TALLAHASSEE FLORIDA



MIAMI FL 3318	6	MI	AMI FL 33188-4218									
							3. Date Incorporated or Qualified 01/12/1994	3a. Da	te of L		>port	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		L		plied F	or
21	724.4	26					65-0459853				t Appli	
Suite, Apt. #		27	Suite, Apt. #, etc.				5. Certificate of Status Desired				ddition quired	
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution				May B o Fees	
Zip 24	Country 25	29	Zip	30 Cou	ntry		This corporation has liability for i Florida Statutes		tax un] No	der s.	199.00	32,
	9. Name and Addre	ss of Current Regist	ered Agent				10. Name and Address of New Re	gistered /	Agent			
ROD	RIGUEZ, MARTHA				81	Name						
555	N.W. 15TH ST.			ŀ	82	Street Ac	dress (P.O. Box Number is Not Acceptab	le)				-
# 15l												
Miai	VII FL 33132				83							
				İ	84	City		۴L	85	Zip (ode	
44 Durewent to	o the provisions of Cool	ione 607 0602 and 60	7 1509 Florida Statu	ton the ok		naroad or	proportion pulmits this eleternant for the a			ise it	. rogin	torno
office or re agent. I an	egistered agent, or both n familiar with, and acco	in the State of Florid ept the obligations of	la. Such change was Section 607.0505, F	authorized lorida Stat	by utes	the corpo	propration submits this statement for the praction's board of directors. Thereby accept	orpose or of the app	ointme	nt as	registe	red
	Sign ature , typed or printed name			16 : Registered	I Ager	il signature rei	quired when reinstating)	DATI				
12.		FFICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	P	-	☐ DELETE	1.1 111			3000022	errero e	☐ Ch		_	ddition
NAME	RODRIGUEZ, MART				AME		-06/0673	1701	T)44	=_6	30 1	-
STREET ADORESS	55 N.E. 15TH ST.	F15F				ADDRESS	※※※ 165	.00 T	***	*16	Š. Or	0
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NAME			occur	2.2 NA					L., 014	ingo		dominan
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TITLE			☐ DELETE	6 1 TIT					L Cha	ınge	A(ddition
NAME				6 2 NA								
STREET ADDRESS						ADDRESS						
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Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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.