SECONI AMOUNT DU	D NOTICE: CORPORATION WILL I E ON OR BEFORE 8/7/96: \$225 (IF DIS	BE DISSOLVED ON OR AFTI	ER AUGUST 7, 19	996.		
ļ	PROFIT RPORATION	FLORIDA DEF	PARTMENT OF STA			
ANNUAL REPORT Secretar			ra B. Mortham etary of State			
1996 DIVISION OF COR			F CORPORATIONS	S 		
DOCU 1. Corporati	IMENT # P940	00039885 (6)			
RCM	INTERNATIONAL, INC.	`	,			
					I HERNAGO HA YAND ARDU ARDU RADU RADU	
Principal Pla	ce of Business	Mailing Address			- 100010081 180 20611 01454 00144 00411 1 -	FOILL OOLBA HIIID AAKOH IRKOL JAFAA DIAL 1971
34 SE 2ND AVENUE. STE. 611 34 SE 2ND AVENUE. S MIAMI FL 33131 MIAMI FL 33131			. STE. 611			
		milimi i E gotoi			Date Incorporated or Qualified 05/23/1994	3a, Date of Last Report 03/08/1995
2. Principal l	Place of Business	2a. Mailing Address		-/	4. FEI Number	Applied For
Suite, Apt	. #, etc	Suite, Apt #, etc		· · · · · ·	65-0494612 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Sta	te	City & State			Election Campaign Financing	Fee Required \$5.00 May Be
Z (p)	Country	28	Country		Trust Fund Contribution	Added to Fees
24	9. Name and Address of Curre	29	30		8. This corporation has liability for in Florida Statutes	Yes No
F	RUDAVETZ, CECILIA	in Registered Agent	81 N	lame	10. Name and Address of New Re	gistered Agent
				treet Addres	ss (PO. Box Number is Not Acceptable	e)
MAMI FE 33109			83			
			l i	ity	1200	85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607, 1508, Florida Stati e of Florida, Such change was	utes, the above nar authorized by the	med corporation	ation submits this statement for the purish board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE		gatio 13 dr. acction 607.0305, F	Florida Statutes		, ,	, and the second second
12.	Signature Typed or printed harde of registered ag OFFICERS AI	pent and title Tapplicable (N ND DIRECTORS	OTE Registered Agent sig	grature required	when reinstalling ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE NAME	D Rudavetz, Robert	DELETE	1 ' TITLE		1.00110/10/10/10/10/10/10/10/10	Change Addition
STREET ADDRESS	20800 ANCHOR ROAD		1.2 NAME 1.3 STREET ADOR	RESS		ERS AND DIRECTORS IN 12 Change Addition
CITY - ST - ZIP TITLE	MIAMI FL 33189	DELETE	1 4 City - S1 - Zia 2 1 Title	P		
NAME	RUDAVETZ, CECILIA		2 2 NAME			Change Addition C
STREET ADDRESS CITY-ST-ZIP	20800 ANCHOR ROAD MIAMI FL 33189		2 3 STREET AODR	·		
TITLE	INITIAL 1 20 100	DELETE	2 4 C+TY - ST - ZH 3 1 THTLE	<u> </u>		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDR	DESC		
CITY-ST-ZIP		Thousan	3 4 CITY - ST - ZIF			
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME			Change Addition
STREET ADDRESS			4.3 STREET ADDR	RESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CIFY ST-ZIP 5.1 TITLE	-		Change Addition
NAME			5.2 NAME			
STREET ADDRESS CITY+ST-ZIP			5 3 STREET ADOR			
TITLE NAME		DELETE	6 1 TITLE			Change Addition
STREET ADDRESS			6 2 NAME 6 3 STREET ADDH	IESS		
CITY-ST-ZIP	by certify that the information sunot a	d with this filling is valuntarily f	64 CITY - ST - ZIP		for the exemption stated - Continue	0.07(2)(4) 5(-) 1 0
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 apmost 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 it changed, or or an attachment with an address.						
(Nolle West)						
SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DO						

Des Department