

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007906 (7)

1. Corporation Name
R.C. 7 ENTERPRISES, INC.

W99000018072

Principal Place of Business

8601 SW 16TH ST
MIAMI FL 33155

Mailing Address

8601 SW 16TH ST
MIAMI FL 33155-1005

APPROVED
AND
FILED

00 FEB 14 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business <i>changed corp address 2/23 to per conversation w. Mr. Castellanos</i>		2a. Mailing Address <i>91421 Overseas Hwy #7</i>		3. Date Incorporated or Qualified 01/31/1995		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0553069		Applied For Not Applicable	
City & State		City & State <i>Tavernier, FL</i>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 25		Zip 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CASTELLANOS, RAFAEL
8601 SW 16TH ST
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 RAFAEL J. CASTELLANOS PRESIDENT
83 Street Address (P.O. Box Number is Not Acceptable)
91421 OVERSEAS HWY #7
84 TAVERNIER, FL.
85 City
FL 86 Zip Code
33070

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 *Rafael J. Castellanos* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CASTELLANOS, RAFAEL J	1.2 NAME RAFAEL J. CASTELLANOS		
STREET ADDRESS 8601 SW 16TH ST	1.3 STREET ADDRESS 91421 OVERSEAS HWY #7		
CITY-ST-ZIP MIAMI FL 33155	1.4 CITY-ST-ZIP TAVERNIER, FL. 33070		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE 100003140741-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rafael J. Castellanos* 6-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)