

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031808 (5)

1. Corporation Name

R C S ENTERPRISES, CORP.



Principal Place of Business

3100 COLLINS AVE., SUITE 1003
MIAMI BEACH FL 33140

Mailing Address

3100 COLLINS AVE., SUITE 1003
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 3100 COLLINS AVENUE

2a. Mailing Address

26 P.O. Box 402186

4. FEI Number

65-0572915

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

Suite, Apt. #, etc.

22 SUITE 1605

Suite, Apt. #, etc.

27 MIAMI BEACH, FL

City & State

23 MIAMI BEACH, FL

City & State

28 MIAMI BEACH, FL

Zip

24 33140

Country

25 USA

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

SALA, ROBERTO
3100 COLLINS AVE., SUITE 1003
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3100 COLLINS AVE., SUITE 1605

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

ROBERTO SALA

Signature of Registered Agent (signature required when not a director)

7-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME SALA, ROBERTO
STREET ADDRESS 3100 COLLINS AVE., SUITE 1003
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

12 NAME 3100 COLLINS AVE., SUITE 1605

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

ROBERTO SALA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-96 (305)673-3441

DATE

Daytime Phone #

CR2E034 (12/95)