SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000095331 (1)

1. Corporation Name

RCMS CORP.

Principal Place of Business

801 BRICKELL AVENUE 14TH FLOOR
MIAMI FL 33131

Mailing Address

801 BRICKELL AVENUE 14TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified: 12/18/1995

3a. Date of Last Report:

2. Principal Place of Business
21 5201 Blue Lagoon Dr.
Suite, Apt #, etc
22 Suite 100
City & State
23 Miami, Fl
Zip
24 33126
Country
25

2a. Mailing Address
26 5201 Blue Lagoon Dr.
Suite, Apt #, etc
27 Suite 100
City & State
28 Miami, Fl
Zip
29 33126
Country
30

4. FEI Number — [✓] 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**

SKOLA, THOMAS J
801 BRICKELL AVENUE 14TH FLOOR
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name: SKOLA, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable): 5201 BLUE LAGOON DR., Suite 100
83
84 City: Miami FL
85 Zip Code: 33126

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] 6/25/96

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PT	[ ] Change [X] Addition
1.2 NAME	ROBERT M. LONDONO	
1.3 STREET ADDRESS	5201 Blue Lagoon Dr., Suite 100	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE	S	[ ] Change [X] Addition
2.2 NAME	ROSEMARY C. LONDONO	
2.3 STREET ADDRESS	5201 Blue Lagoon Dr., Suite 100	
2.4 CITY-ST-ZIP	Miami, FL 33126	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: X [signature] 6/28/96 (305)662-8486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR