


AFTER MAY 1, FILING FEE IS \$50.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000057060 1. Corporation Name R C M, INC.			
Principal Place of Business 34 SE 2ND AVE, STE, # 409 MIAMI, FLORIDA 33131		Mailing Address SAME SAME	
2. Principal Place of Business 21 6996 INDIAN CREEK Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH, FLORIDA Zip 24 33141		2a. Mailing Address 26 7098 BONITA DRIVE Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH, FLORIDA Zip 29 33141	
3. Date Incorporated or Qualified 02-08-96		3a. Date of Last Report 	
4. FEI Number APPLIED FOR		XX Applied For Not Applicable	
5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RICARDO J. L PEREIRA 34 SE 2ND AVE, STE. # 409 MIAMI, FLORIDA 33131		10. Name and Address of New Registered Agent 81 Name RICARDO J. PEREIRA 82 Street Address (P.O. Box Number is Not Acceptable) 7501 E. TREASURE DR. # 6T 83 84 City NORTH BAY VILLAGE FL 85 Zip Code 33141	
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD 1.2 NAME RICARDO J PEREIRA 1.3 STREET ADDRESS 7501 E. TREASURE DR. # 6T 1.4 CITY - ST - ZIP NORTH BAY VILLAGE, FL 33141 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPSD 2.2 NAME CLEOPATRA CARVALHO DA COSTA 2.3 STREET ADDRESS 7501 E. TREASURE DR. # 6T 2.4 CITY - ST - ZIP NORTH BAY VILLAGE, FL 33141 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 100002145921 6.3 STREET ADDRESS -04/17/97--01026--003 6.4 CITY - ST - ZIP ***173.75	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Cleopatra Carvalho da Costa (Vice P.)</i> 04/04/97 8668888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (3/96)