

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000096239 (4)**
1. Corporation Name
RCG, INC.

Principal Place of Business
**337 N.E. 69TH STREET
MIAMI FL 33148**

Mailing Address
**337 N.E. 69TH STREET
MIAMI FL 33148**

FILED
Aug 17 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Sulte, Apt. #, etc.		26 Sulte, Apt. #, etc.		11/26/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0716476	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
GENTILE, NICHOLAS				<input type="checkbox"/> \$8.75 Additional Fee Required	
311 S.W. 64TH AVENUE				6. Election Campaign Financing	
MIAMI FL 33144				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTILE, ROBERT		1.2 NAME		
STREET ADDRESS	337 NE 69 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33148		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTILE, CHARLES		2.2 NAME		
STREET ADDRESS	337 N.E. 69TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33148		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 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 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:

Robert Gentile (ROBERT GENTILE)

1-22-98

305
751-0730

CR2E034 (5/98)

RCG, INC.
337 NE 69TH STREET
MIAMI, FL 33148
(305) 751-0730

Pg 2

July 22, 1998

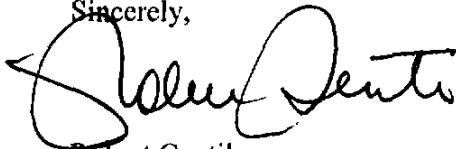
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: RCG, Inc.
FEI Number: 65-0716476

To Whom It May Concern:

I recently received a second notice for the Corporate Annual Report. Unfortunately, I never received the first application. It slipped my mind to make the payment or request a corporate annual return for 1998. Attached is the payment for \$150.00. I apologize for not making the payment on a timely basis. All prior year payments have been made by the filing due date. Please consider the above information and abate the penalties of \$400.00. Thank you very much.

Sincerely,



Robert Gentile