1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037431

1. Corporation Name

RC ASSOCIATES, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90140 018 ***150.00

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Principal Place	of Business	Mailing Address			-		1 1561:56: 110 (201) (201) 4411. 4411.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25 (//3/ //3/ //3/
8620 NW 64 ST		7750 SOUTHWEST 132 PLA	CE							
BAY #14 MIAMI FL 33183						ĺ	DO MAT WIDITE	AL TUIO	00405	
MIAMI FL 33166 US							DO NOT WRITE	IN THIS	SPACE	<u> —</u> —
UŞ					•		Date Incorporated or Qualifed			
		T - 14-75 A 14					04/28/1997 FEI Number			Applied For
2. Principal Place of Business 21 7750 5.W. /32 PLACE 26 Mailing Address										Not Applicable
		26 Suita Ant # eta				 '	<u>65-0749757</u>			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		•	Required
22 City & Ctat		City & State	_			-	Fluid Oi Fluoris-			
	City & State City & State City & State 28					1 **	Election Campaign Financing Trust Fund Contribution			May Be to Fees
	, , , ,	Zip	Cour	itry			This corporation owes the curren	t vear Into		10.000
Z4 3318						••	Personal Property Tax.	t year miz	∐ Yes	□No
24 0 0. 0	9. Name and Address of Current	29 Segistered Agent	1301				Name and Address of New Re	istered A		
	5. Name and Address of Cartesia	togiotorou rigorit		81 1	Name			<u> </u>		
CALZ	ZADO, SERGIO E JR		,							
	SW 132 PLACE			82 5	Street Addr	ress (P.	O. Box Number is Not Acceptable	e)		
MIAN	AI FL 33183		ŀ	83						
				84 (City			FL	85 Zip	Code
	to the provisions of Sections 607.0502	and 607 1509 Elevide Statut	as the ab	OVE-D	amed com	oration	submits this statement for the or	mose of	hanging i	ts registered
office or re	ocietared agent or both in the State Ot	Florida, Such change was a	uthonzed	DV IDE	e corporation	on's boa	ard of directors. I hereby accept	he appoir	tment as	registered
agent. I ai	m familiar with, and accept the obligation	ns of, Section 607,0505, Flo	rida Statu	tes.						ļ
SIGNATURE		- Live W NOTE	- Pagistared	Lanat pir	gnature require	ud when to	(netation)	DATE	_	
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ugen an	Bustale (Bdelle		DDITIONS/CHANGES TO OFFI		D DIRECT	ORS IN 12
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	RODRIGUEZ, AGUSTO G		3.2 NA		,				_ •	ļ
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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, with all other like empowered.

SIGNATURE: