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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000099002 (2)

1. Corporation Name
RCCA, INC.

Principal Place of Business

Mailing Address

901 SOUTH STATE ROAD 7, PENTHOUSE C
HOLLYWOOD FL 33023

901 SOUTH STATE ROAD 7, PENTHOUSE C
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

65-0803926

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 20535 NW 2nd Ave.

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Miami, FL

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 City & State

30 Zip

31 Country

32 USA

9. Name and Address of Current Registered Agent

HOLLANDER, BRUCE L ESQ
901 SOUTH STATE ROAD 7, PENTHOUSE C
HOLLYWOOD FL 33023

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 B. Hollander Bruce L. Hollander

April 29, 1998

Signature of officer or director of corporation or registered agent, if applicable

(JOINT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DP~~
NAME ~~HOLLANDER, BRUCE L~~
STREET ADDRESS ~~901 SOUTH STATE ROAD 7, PENTHOUSE C~~
CITY-ST-ZIP ~~HOLLYWOOD FL 33023~~

TITLE PD
NAME Anneth Golstein
STREET ADDRESS 20535 NW 2nd Avenue, S.205
CITY-ST-ZIP Miami, FL 33169

TITLE VP
NAME Vivian Hammerman
STREET ADDRESS 20535 NW 2nd Avenue, S.205
CITY-ST-ZIP Miami, FL 33169

TITLE S/D
NAME Gerald C. Gratenstein
STREET ADDRESS 20535 NW 2nd Avenue, S. 205
CITY-ST-ZIP Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

4/29/98 (954) 964-8000

CR2E034 (10/97)