

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000054891 (3)**
1. Corporation Name

RIKI JAPANESE STEAK & SEAFOOD RESTAURANT, INC.



Principal Place of Business: **3501 G PONCE DELEON BLVD ST AUGUSTINE FL**
Mailing Address: **3501 G PONCE DELEON BLVD ST AUGUSTINE FL**

3. Date Incorporated or Qualified: **07/17/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **59-3322439**
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

2. Principal Place of Business: [Blank]
2a. Mailing Address: **3501 J PONCE DE LEON BLVD**
21. Suite, Apt. #, etc.: [Blank]
27. Suite, Apt. #, etc.: [Blank]
22. City & State: [Blank]
27. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
29. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
**RAGUINI, FERNANDO R
3501 G PONCE DELEON BLVD
ST AUGUSTINE FL**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): **3501 J PONCE DE LEON BLVD**
83. [Blank]
84. City: [Blank] **FL** 85. Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: _____ 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

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)(a), 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: *Madi Evans*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Madi Evans

4-4-96 904-825-0520
DATE FILING FEE

CR2E034 (12/95)