

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED

98 JAN -2 AM 9:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000054891 (3)

1. Corporation Name
 RIKI JAPANESE STEAK & SEAFOOD RESTAURANT, INC.

Principal Place of Business
 3501 G PONCE DE LEON BLVD.
 ST AUGUSTINE FL

Mailing Address
 3501 J PONCE DE LEON BLVD.
 ST AUGUSTINE FL

REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/17/1995	04/15/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3322439	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		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.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAGUINI, FERNANDO R 3501 J PONCE DE LEON BLVD ST AUGUSTINE FL				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]* DATE: 12-28-97

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	RAGUINI, FERNANDO R		1.2 NAME	300002332323-5			
STREET ADDRESS	6125 GULF RD., WEST		1.3 STREET ADDRESS	-01/07/98--01043--007			
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 CITY-ST-ZIP	****750.00 ****750.00			
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	EVANS, JONATHAN JR.		2.2 NAME	<i>[Signature]</i>			
STREET ADDRESS	6125 GULF RD., WEST		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		2.4 CITY-ST-ZIP				
TITLE	A	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RAGUINI, KUNIKO		3.2 NAME				
STREET ADDRESS	6125 GULF RD., WEST		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4 CITY-ST-ZIP				
TITLE	A	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	EVANS, SACHI		4.2 NAME				
STREET ADDRESS	6125 GULF RD., WEST		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		4.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MADI EVANS		5.2 NAME				
STREET ADDRESS	4007 ELKS DR.		5.3 STREET ADDRESS				
CITY-ST-ZIP	KATY TX.		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 do 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: *[Signature]* and 825-0230

CR2E034 (4/97)