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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **745830** (0)
1. Corporation Name
VAKA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**30 SOUTH C ST.
LAKE WORTH FL 33460** **30 SOUTH C ST.
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified 02/06/1979	3a. Date of Last Report 04/12/1994
4. FEI Number 65-0022567	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent
**RISSANEN, KAUKO J.
30 SOUTH C ST.
LAKE WORTH, FL
33460**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature: Must be printed name of registered agent and title if applicable. (Date: Registered Agent regularly renewed after 90 days)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSANEN, TAIMI	12 NAME	
STREET ADDRESS	30 SOUTH C ST.	13 STREET ADDRESS	
CITY ST ZIP	LK WORTH, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSANEN, KAUKO	22 NAME	
STREET ADDRESS	30 S.C. ST.	23 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRKMAN, REINO	32 NAME	
STREET ADDRESS	121 NB ST APT 2	33 STREET ADDRESS	
CITY ST ZIP	LK WORTH, FL 00000	34 CITY ST ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKSILA, VAINO	42 NAME	
STREET ADDRESS	810 N A ST	43 STREET ADDRESS	
CITY ST ZIP	LK WORTH, FL 00000	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Taimi E. Rissanen* *May 03, -95, 407/586-8549*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TAIMI, E. RISSANEN, SECRETARY