

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

19964-11-96

B-3437

C

DOCUMENT # **745830** (0)

1. Corporation Name  
**VAKA, INC.**



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

Mailing Address  
**30 SOUTH C ST.  
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified **02/06/1979**      3a. Date of Last Report **05/11/1995**

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number **65-0022567**      Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip      25 Country

29 Zip      30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RISSANEN, TAIMI</b>	
STREET ADDRESS	<b>30 SOUTH C ST.</b>	
CITY-ST-ZIP	<b>LK WORTH, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RISSANEN, KAUKO</b>	
STREET ADDRESS	<b>30 S.C. ST.</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BIRKMAN, REINO</b>	
STREET ADDRESS	<b>121 NB ST APT 2</b>	
CITY-ST-ZIP	<b>LK WORTH, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>AKSILA, VAINO</b>	
STREET ADDRESS	<b>810 N A ST</b>	
CITY-ST-ZIP	<b>LK WORTH, FL 00000</b>	
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		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 & Riisanna T/Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Apr. 8 - 96*      407/586-8549  
Residence Phone #

CR2E037 (12/95)