

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33460-3651
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1979	3a. Date of Last Report 04/11/1996
21	22	23	24	25	26
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number 65-0022567	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RISSANEN, KAUKO J. 30 SOUTH C ST. LAKE WORTH, FL 33460				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSANEN, TAIMI		1.2 NAME				
STREET ADDRESS	30 SOUTH C ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	LK WORTH, FL 00000		1.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSANEN, KAUKO		2.2 NAME				
STREET ADDRESS	30 S.C. ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRKMAN, REINO		3.2 NAME				
STREET ADDRESS	121 NB ST APT 2		3.3 STREET ADDRESS				
CITY-ST-ZIP	LK WORTH, FL 00000		3.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKSILA, VAINO		4.2 NAME				
STREET ADDRESS	810 N A ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	LK WORTH, FL 00000		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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 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 Rissanen*

CP2E037 (9/96)