FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F96000000762 (2)

1. Corporation Name
RAKSUKON, INC.

Principal Place of Business
**8715 N.W. 18TH ST
CORAL SPRINGS FL 33071**

Mailing Address
**8715 N.W. 18TH ST
CORAL SPRINGS FL 33071-6101**

3. Date Incorporated or Qualified	3a. Date of Last Report
02/13/1996	—

2. Principal Place of Business
21 | 5407 W. ATLANTIC BLVD
22 Suite, Apt. # etc. | LAKE WOOD MALL
23 City & State | MARGATE, FL
24 Zip | 33063 25 Country | BROWARD

2a. Mailing Address
26 | 5407 W. ATLANTIC BLVD
27 Suite, Apt. #, etc. | LAKE WOOD MALL
28 City & State | MARGATE, FL.
29 Zip | 33063 30 Country | BROWARD

4. FEI Number **74-2523916-1** ✓ 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

9. Name and Address of Current Registered Agent

MEDVIN, ANDREW R
1801 N PALM AVE., STE 303
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name **SUKONTHAMAN, WARAPAT**
82 Street Address (P.O. Box Number is Not Acceptable) **5407 W. ATLANTIC BLVD.**
83 **LAKEWOOD MALL**
84 City **MARGATE** **FL** 85 Zip Code **33063**

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]_ V.P. DATE 3/24/97

Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME RAKPRAJA, APIVACH		1.2 NAME	
STREET ADDRESS 8715 N.W. 18TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME SUKONTHAMAN, WARAPAT		2.2 NAME	
STREET ADDRESS 8715 N.W. 18TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME RAKPRAJA, LADDA		3.2 NAME	
STREET ADDRESS 8715 N.W. 18TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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]_ 3/24/97 954 974 3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0156612