


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000762 (2)**

1. Corporation Name
RAKSUKON, INC.



Principal Place of Business 5407 W ATLANTIC BLVD LAKEWOOD MALL MARGATE FL 33063 US	Mailing Address 5407 W ATLANTIC BLVD LAKEWOOD MALL MARGATE FL 33063 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5407 W ATLANTIC BLVD Suite, Apt. #, etc. 22 LAKEWOOD MALL City & State 23 MARGATE FL Zip 24 33063		2a. Mailing Address 26 3200 N. FEDERAL HWY Suite, Apt. #, etc. 27 # 604 B City & State 28 FT LAUDERDALE, FL Zip 29 33306		3. Date Incorporated or Qualified 02/13/1996	
		4. FEI Number 74-2523916		Applied For 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	
		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 SUKONTHAMAN, WARAPAT 5407 W ATLANTIC BLVD LAKEWOOD MALL MARGATE FL 33063				10. Name and Address of New Registered Agent B1 Name SUKONTHAMAN, WARAPAT B2 Street Address (P.O. Box Number is Not Acceptable) CORAL RIDGE MALL # 604 B B3 3200 N. FEDERAL HWY. B4 City FT. LAUDERDALE FL B5 Zip Code 33306			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAKPRAJA, APIVACH			1.2 NAME	RAKPRAJA, APIVACH		
STREET ADDRESS	8715 N.W. 18TH ST			1.3 STREET ADDRESS	3400 GALT OCEAN DR. PH 4 SOUTH		
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUKONTHAMAN, WARAPAT			2.2 NAME	SUKONTHAMAN, WARAPAT		
STREET ADDRESS	8715 N.W. 18TH ST			2.3 STREET ADDRESS	3400 GALT OCEAN DR. PH 4 SOUTH		
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAKPRAJA, LADDA			3.2 NAME	RAKPRAJA, LADDA		
STREET ADDRESS	8715 N.W. 18TH ST			3.3 STREET ADDRESS	3400 GALT OCEAN DR PH 4 SOUTH		
CITY-ST-ZIP	CORAL SPRINGS FL			3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 _____

CR2E034 (10/97)