

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 24 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G69809** (3)

1. Corporation Name
RK TRACT 24, INC.

Principal Place of Business
**65 NORTHWEST 168TH STREET
NORTH MIAMI BEACH FL 33169**

Mailing Address
**65 NORTHWEST 168TH STREET
NORTH MIAMI BEACH FL 33169**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1983	3a. Date of Last Report 04/29/1994
21	26		4. FEI Number 58-2342067		Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 County	29 Zip	30 County	6. This corporation has liability for intangible tax under S. 119.032, 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			
KASSIN, ROBERTO 65 NW 168TH ST. N. MIAMI BCH. FL 33169				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 DPS	KASSIN, ROBERTO 65 NW 168TH STREET NORTH MIAMI BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		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)(h), Florida Statutes. I further certify that the information indicated on the 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 indicated on an attachment with an address.

SIGNATURE: **President 4/27/95 305/6541000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)