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 # K86510

R N K INCORPORATED OF MIAMI

(0)

FILED Mar 26 1997 8:00am Secretary of State



Principal Plac	e of Businoss	Mailing Address				- T (A DISTIL DET (BITT BIFA) DESAT LINAL DEN BIDIT BIBIT BIBIT BIBIT BIBIT BIBIT			
1701 N MIAMI AVE		1701 N MIAMI AVE							
MIAMI FL 33136		MIAMI FL 33136-1714			i				
1									
						3. Date Incorporated or Qualified 05/08/1989		e of Last f 2/1996	Report
2. Principal P	lace of Business	2s. Mailing Address	28. Mailing Address			4. FEI Number			pplied For
21		26			65-0116055 Not Applicab			of Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	us Desired S8.75 Additional			
22		27			5. Certificate of Status Desired	L	Fee F	tequired	
City & State		City & State			6. Election Campaign Financing . \$5.00 May Be				
23		28			Trust Fund Contribution	Ц	Added	to Fees	
Zip	Country	Zip	Country			8. This corporation has liability for in			s. 199. 03 2,
24	25 29 30 9. Name and Address of Current Registered Agent		30	Florida Statutes X Yes No					
4101		it Hegistered Agent		641	Mana	10. Name and Address of New Reg	listered A	gent	
	RENEO, RUBEN			81	Name R	UBEN MORENO			
	80 SW 139 ST			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
MIAI	MI FL 33176								
_			i	63					i
			1	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	os, the ab	L	named co	rporation submits this statement for the pr	prose of	LL changing	its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was a	authorized	d by t	the corpore	ation's board of directors. I hereby accep	t the appo	intmont as	s registered
	in familia with, and accept the obligi	ations of, 360tion 001.0303, 1 k	inda Sian	utos.					
SIGNATURE	Signature, typed or printed name of registered age	ol and title if applicable. (NOT)	: Registered	I Agen:	signature requ	uired whon reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12
TITLE	PD	DELFTE	ETE 1.1 TITL					Change	Addition
NAME	MORENO, RUBEN		1.2 NAME						1
STREET ADDRESS	10380 SW 139 ST		1.3 STREET ADDRESS		DORESS				
CITY-ST-ZIP	MIAMI FL		1.4 C(1Y - S1 - Z(P		ZIP				
'TITLE		DELETE	2.1 TiT	LE				Change	Addition
NAME	2.		2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 \$11	REET A	DDRESS				
CITY-ST-ZIP			2.4 Ci	TY-SI	-∄IP				
TITLE		☐ DELETE	ELETE 3.1 TITLE		1			Change	Addition
NAME -			3.2 NA	ME					
STREET ADDRESS			3 3 511	REEL A	DDRESS				
CITY-ST-ZIP			3.4. CI	1Y-S1	- ZIP				
TITLE	DETETE .		4.1 111	4.1 TITLE			Ţ	Change	Addition
NAME			4 2 NA	AME					
STREET ADDRESS		•	4.3 \$11	REET A	DDRESS				
CITY-ST-ZIP			4.4 C(1	IY-\$1-	ZIF				
TITLE		☐ DELETE	5 1 TiT	1		grows grows grows grows arms and a source		Change	Addition
NAME			5.2 NA		1	50000212 -03/26/970111	3 <u>~</u> 6	()	
STREET ADDRESS			5.3 S1I	REET A!	DDRESS	-82/56/310111	ZU1	J	
CITY-ST-ZIP	The state of the s		5.4 CIT		7IP	***165.00			
TITLE		DELETE	6.1 TIT	ιF	1		,	hange	LL[Mdilian
NAME			6.2 NA	ME			(the	1/4
STREET ADDRESS			6.3 \$11	REE I A	DDRESS		'	$\setminus \setminus \setminus$	7W

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 of derivative and 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 changes, or on an attachment with an address. RUBEN MORENO-President (305)577-0052 03-01-97