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

PROFIT **CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000082543 (7)

REKHA ENTERPRISES, INC.												<u>                                     </u>	<b>ii</b> (l <b>ar</b> i fiki)			
Principal Plac	o of Busines			Mailing	Address					-}	T TOOKKOOR HID TOTAL OTOK DOIN TOTAL	1 <b>22</b> 111 <b>3010</b> 1 <b>131</b>	(A 18 <b>00) (</b> 314)	MN		
Principal Place of Business Malling Address  20505 S. DIXIE HWY. UNIT 2013 MIAMI FL 33189  Malling Address  Malling Address  20505 S. DIXIE HWY. UNIT 2013 MIAMI FL 33189											DO NOT WE	RITE IN THIS	SPACE			
										3.	Date incorporated or Qualifi	ed				7
											11/10/1994					↲
2. Principal P	lace of Busi	ness		-	ling Address					4.	FEI Number		<b>——</b>		lied For	4
21		<del></del>		26							65-0536188				Applicable	<u>.</u>
Suite, Apt.			Suite, Apt. #, etc.						5.	Certificate of Status Desired		\$8.73 Fee		iditional ulred		
City & State	e		City & State							Election Campaign Financin	g _	\$5.0			1	
23		1 6		[28]						+	Trust Fund Contribution		Adde			4
Zip	Country			h			Country			8. This corporation owes or has paid the current year Intangible					1	
24	O Mama	25	s of Current F	29	Anna	30					Personal Property Tax due J Name and Address of New		Yes		No	4
							81	Nam		10.	Name and Address of New	Hegistered	Agent			4
			RENCE J. SPI	EGEL, CI	HART											╛
4	/A AMERIL	_					82	Stree	et Addre	ess (P.	O. Box Number is Not Acce	ptable)				
	ALMERIA						83	<del> </del> -			·			—		+
CO	HAL GABL	ES FL 3313	4													╛
							84	City	-			FL	85 Zi	ip Co	ode	
11. Pursuant	to the provis	sions of Section	ons 607.0502 a	and 607.15	08. Florida Statu	ites, the s	LLL Spove	e-name	ed corpo	oration	submits this statement for to		e changing	a its	registered	4
office or r	egistered as	gent, or both,	in the State of	Florida, Su	uch change was	authorize	ed by	the c	orporati	on's b	n submits this statement for the card of directors. I hereby ac	cept the app	colntment	as re	gistered	1
SIGNATURE	(11 (20)(0)(21 49	MIT, BITC BUCC	pro oongane	*13 Ot, 000	100000,1	ionaa ote	iorec	J.								ł
SIGNATURE	Signature, typed		of registered agent a			TE: Register	ed Age	nt signat	ure require			DATE				_  <sub>5</sub>
12.		OF	FICERS AND D	DIRECTOR		13.				Α	ADDITIONS/CHANGES TO O	FICERS AN				<u>اؤ</u>
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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:

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**FILED** 

Apr 15 1998 8:00am

Secretary of State

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