

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

FILED
May 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 # P94000093288 (6)

1. Corporation Name
R.K. INTERNATIONAL, INC.



Principal Place of Business 3205 SE 19TH AVE. P.O. BOX 21370 FT. LAUDERDALE FL 33335	Mailing Address 3205 SE 19TH AVE. P.O. BOX 21370 FT. LAUDERDALE FL 33335
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/23/1994 4. FEI Number 65-0581834 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent RICHARDS, TIMOTHY D 2885 SOUTH BAYSHORE DRIVE SUITE 900 MIAMI FL 33133	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD HEMNANI, SEEMA 251 ISLAND DR. KEY BISCAYNE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP SDV HEMNANI, RAJ 251 ISLAND DR. KEY BISCAYNE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 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: Seema Hemnani SEEMA HEMNANI 4/22/98 (954) 467-8465

CR2E034 (10/97)