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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000009509 (6)

R.K.A. ENTERPRISE, INC.

Principal Place of Business	Mailing Address
15030 BUCHANAN STREET	15030 BUCHANAN STREET
MIAMI FL 33176	Miami Fl 33178-7655

## **FILED** May 27 1997 8:00am Secretary of State



2. Principal Place of Business  3. Principal Place of Business  4. FEI Number  5. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  Trust Fund Contribution  7. Principal Place of Business  8. This corporation has ibility for Integrated Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Regist  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pure 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 obligations of, Section 607.0505, Florida Statutes.  SIGNATURE			
Suite Apr. #. etc.  City & State  City & State  Country  Suite Apr. #. etc.  City & State  City & State  Country  Suite Apr. #. etc.  Suite	3a. Date of	f Last Rep	nort
Suite. Apt. #, etc.  277  City & State  Country  Count	16		ied For
City & State   Country   Zap   Country   Zap   Country   Saper   Country   Sape		-l	Applicable
28   Trust Fund Contribution   Trust Fund	5. Certificate of Status Desired		
28	, a p		
10. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134  184 City  195 Street Address (P.O. Box Number is Not Acceptable)  196 Street Address (P.O. Box Number is Not Acceptable)  197 Street Address (P.O. Box Number is Not Acceptable)  198 Street Address (P.O. Box Number is Not Acceptable)  199 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  191 Street Address (P.O. Box Number is Not Acceptable)  192 Street Address (P.O. Box Number is Not Acceptable)  193 Street Address (P.O. Box Number is Not Acceptable)  194 Street Address (P.O. Box Number is Not Acceptable)  195 Street Address (P.O. Box Number is Not Acceptable)  196 Street Address (P.O. Box Number is Not Acceptable)  197 Street Address (P.O. Box Number is Not Acceptable)  198 Street Address (P.O. Box Number is Not Acceptable)  198 Street Address (P.O. Box Number is Not Acceptable)  199 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)	itangible tax u Yes \[ \] No		99.032,
343 ALMERIA AVENUE CORAL GABLES FL 33134  82	istered Agen	nt	~
CORAL GABLES FL 33134  11. Furstaint to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the pure 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 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 agent of registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the such agent of the pure of t			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposition 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 agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the agent or farmitian with and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  PTD  THOMAS, RICHARD E 1.1 TITLE  THOMAS, RICHARD E 1.2 NAME  1.3 STREET ADDRESS  THOMAS, RICHARD E 1.3 STREET ADDRESS  MAMIFE 33176  DELETE 2.1 TITLE  NAME  SIREH ADDRESS  CITY SI-280  THOMAS, KIM R 15030 BUCHANAN STREET  MAMIFE 33178  DELETE 3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  MAMIFE 33178  DELETE 3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3 STREET ADDRESS  SIREH ADDRESS  3.3 STREET ADDRESS	82 Street Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pury agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  THOMAS, RICHARD E  15030 BUCHANAN STREET  MIAMI FL 33178  THOMAS, RICHARD E  15030 BUCHANAN STREET  MIAMI FL 33178  THOMAS, RICHARD E  12 NAME  13. STREET ADDRESS  CITY ST-7IP  THOMAS, KIM R  12 STREET ADDRESS  CITY ST-7IP  MIAMI FL 33176  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY ST-7IP  MIAMI FL 33176  DELETE  2.2 NAME  3.3 STREET ADDRESS  CITY ST-7IP  THOMAS, RICHARD STREET  DELETE  3.3 STREET ADDRESS  CITY ST-7IP  THOMAS, RICHARD STREET  DELETE  3.3 STREET ADDRESS  CITY ST-7IP  THE  NAME  STREET ADDRESS  CITY ST-7IP  THE  NAME  STREET ADDRESS  CITY ST-7IP  THE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY ST-7IP  THE  NAME  STREET ADDRESS  CITY ST-7IP  THE  NAME  STREET ADDRESS  CITY ST-7IP  THE  NAME  4.3 STREET ADDRESS  CITY ST-7IP  THE  NAME  STREET ADDRESS  CITY ST-7IP  THE  ADDITIONS/CHANGES TO OFFICER  1.1 TITLE  1.2 NAME  3.3 STREET ADDRESS  CITY ST-7IP  THE  NAME  4.2 NAME  4.3 STREET ADDRESS			
office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the agent arm familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  THOMAS, RICHARD E  1.3 TITLE  1.2 NAME  STREET ADDRESS  CITY ST-2IP  MIAMI FL 33176  VSD  THOMAS, KIM R  1.2 STREET ADDRESS  CITY ST-2IP  MIAMI FL 33176  DELETE  1.3 TITLE  2.3 STREET ADDRESS  CITY ST-2IP  MIAMI FL 33176  DELETE  3.1 TITLE  NAME  1.4 CITY-ST-2IP  MIAMI FL 33176  2.4 CITY-ST-2IP  MIAMI FL 33176  DELETE  3.3 STREET ADDRESS  CITY ST-2IP  DELETE  3.1 TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  GITY ST-2IP  1-111  NAME  STREET ADDRESS  CITY ST-2IP  1-111  DELETE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  STREET ADDRESS  3.4 CITY-ST-2IP  1-111  NAME  STREET ADDRESS  CITY ST-2IP  1-111  DELETE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	FL 85	Zip Co	rde
12. OFFICERS AND DIRECTORS  DILLI  RAME  THOMAS, RICHARD E  STREEF ADDRESS CHY-SI-ZIP  NAME  THOMAS, KIM R  STREEF ADDRESS CHY-SI-ZIP  NAME  THOMAS, KIM R  STREEF ADDRESS CHY-SI-ZIP  MIAMI FL 33176  DELETE  1.3 STREEF ADDRESS CHY-SI-ZIP  MIAMI FL 33176  DELETE  22 NAME  23 STREEF ADDRESS CHY-SI-ZIP  MIAMI FL 33176  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREEF ADDRESS CHY-SI-ZIP  DELETE  A3 STREEF ADDRESS CHY-SI-ZIP  DELETE  A3 STREEF ADDRESS CHY-SI-ZIP  DELETE  A3 STREEF ADDRESS A4 CHY-SI-ZIP  DELETE  A4 STREEF ADDRESS STREEF ADDRESS A4 CHY-SI-ZIP  DELETE  A4 STREEF ADDRESS STREEF ADDRESS STREEF ADDRESS A4 CHY-SI-ZIP  DELETE  A4 STREEF ADDRESS	the appointm	nent as re	gistered
DELETE		ECTORE	IN 10
THOMAS, RICHARD E   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP		Change	Addition
15030 BUCHANAN STREET   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP	∨ ليبا	O Marigo	
MIAMI FL 33176			
DELETE   21 TITLE   22 NAME   22 NAME   23 STREET ADDRESS   24 CITY-ST-ZIP   DELETE   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.3			
STREET ADDRESS   15030 BUCHANAN STREET   23 STREET ADDRESS   2.4 CITY-ST-ZIP		Change	Addition
CTTY-ST-Z0    MIAMI FL 33176   2.4 CTTY-ST-Z4P     TIFLE			
DELETE   3.1 TITLE   3.2 NAME   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CHY-ST-ZIP   1 TITLE   DELETE   4.3 TITLE   4.2 NAME   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS			
NAME   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CHY+ST-ZIP   THE   DELETE   4.3 TITLE   4.2 NAME   4.2 NAME   STREET ADDRESS   4.3 STREET ADDRESS			
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE	ן	Change	Addition
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1°TES         DELETE         4.5 TITLE           NAME         4.2 NAME           STREET ACORESS         4.3 STREET ADDRESS			
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STATES ACCURESS 4.3 STREET ADDRESS	ب لـــا •	Onungo	LI ROUNGII
1 BILL SILVE 1 ■ 94 BILS 20 CT 1			
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TIME DELETE 6.1 TITLE		Change	Addition
6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
CHY-S'-ZIP  64 CHY-ST-ZIP  64 CHY-ST-ZIP  1. A Life base of public certifully the information supplied with this filing does not public for the parameter stated in Section 110 07/3/1/ Floride Statutes.			

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 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