

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

FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000055291 (4)**

1. Corporation Name  
**RKB SERVICES, INC.**

Principal Place of Business <b>C/O NICOLAS FERNANDEZ, P.A. 2655 LEJEUNE ROAD PH-1D CORAL GABLES FL 33134 US</b>	Mailing Address <b>% NICHOLAS FERNANDEZ, P.A. 2655 LEJEUNE ROAD PH-1D CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 C/O Marquez &amp; Fernandez, PA</b> Suite, Apt. #, etc. <b>22 # 548</b> City & State <b>23 Miami, FL</b> Zip <b>24 33126</b>	2a. Mailing Address <b>26 782 NW Le Jeune Road</b> Suite, Apt. #, etc. <b>27 # 548</b> City & State <b>28 Miami, FL</b> Zip <b>29 33126</b>
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3. Date Incorporated or Qualified <b>06/28/1996</b>	4. FEI Number <b>65-0685344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**ESQUIRE CORPORATE SERVICES, INC.  
% NICOLAS FERNANDEZ P.A.  
2655 LEJEUNE OAD PH-1D  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent 81 Name <b>Esquire Corporate Services, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>782 NW Le Jeune Road # 548</b> 83 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33126</b>
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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 *Sandra B. Mortham* (NOTE: Registered Agent signature required when reinstating) DATE **4-6-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP ARNOLD, RICHARD E. 12543 SW 144 TERR MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DSVPT ARNOLD, BARBARA 12543 SW 144 TERR MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address.

SIGNATURE: *Barbara Arnold* **4/8/98 305-255-7487**

CR2E034 (10/97)