

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000099933 (9)

1. Corporation Name  
RKD ENTERPRISES, INC.

Principal Place of Business  
14416 SOUTHWEST 124TH COURT  
MIAMI FL 33186

Mailing Address  
14416 SOUTHWEST 124TH COURT  
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 14651 S.W. 148 St. Cir.	26 14651 S.W. 148 St. Cir.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami FL	28 Miami FL
24 33196 25 USA	29 33196 30 USA

3. Date Incorporated or Qualified	Applied For
01/01/1997	Not Applicable
4. FEI Number	
65-0713205	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes X No

9. Name and Address of Current Registered Agent  
AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name RAFAEL A. DE LEON
82 Street Address (P.O. Box Number is Not Acceptable)
14651 S.W. 148 ST. CIR.
83 A
84 City Miami FL 85 Zip Code 33196

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

*Rafael A. de Leon*

4/27/98

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	DE LEON, RAFAEL A
STREET ADDRESS	14416 SOUTHWEST 124TH COURT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VSD
NAME	DE LEON, KRISTIN M
STREET ADDRESS	14416 SOUTHWEST 124TH COURT
CITY-ST-ZIP	MIAMI FL 33186
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	PTD
1.2 NAME	De Leon, Rafael A
1.3 STREET ADDRESS	14651 S.W. 148 St. Cir.
1.4 CITY-ST-ZIP	Miami, FL 33196
2.1 TITLE	VSD
2.2 NAME	De Leon, Kristin
2.3 STREET ADDRESS	14651 S.W. 148 St. Cir.
2.4 CITY-ST-ZIP	Miami, FL 33196
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), 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 or 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

*Rafael A. de Leon*

CR2E034 (10/97)