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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059778

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90034 034 ***150.00

rk design group inc.				
Principal Place of Business	Mailing Address			
17001 N.E. 6TH AVENUE	17001 N.E. 6TH AVENUE NO. MIAMI BEACH FL 331	62		
NO. MIAMI BEACH FL 33162	NO. MIAMI DEACH IL 331	02		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
• 			_	07/02/1997
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			94-3277264 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional
22	27			ras (vadula)
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be
Zip Country	Zip	Cour	ntry	This corporation owes the current year Intangible
24 25	29	30	,	Personal Property Tax.
9. Name and Address of Current		1951		10. Name and Address of New Registered Agent
			81 Name	
LEAF, KEN		Ì	82 Street A	Address (P.O. Box Number is Not Acceptable)
17001 N.E. 6TH AVENUE				
NO. MIAMI BEACH FL 33162			83	· · · · · · · · · · · · · · · · · · ·
		•	84 City	85 Zip Code
			'	FL
effice or registered agent or both in the State of	Elanda Such change was a	いけいへいさかい	חתוחם מחדונות	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statu	ites.	
SIGNATURE				writing when reinstating) DATE
Signature, typed or printed name of registered agent a OFFICERS AND		 -	Agent signature re	
12.		1 13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	DELETE	13. 1.1 TIT	ıę ſ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME LEAF KEN		_		
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NAME LEAF, KEN		1.1 TIT 1.2 NA 1.3 ST	ME REET ADDRESS TY-ST-ZIP	
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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, with an other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMIC OFFICER OF OIRECTOR

Daytime Phone #