

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

FILED
Mar 16 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 # P97000091572 (2)
 1. Corporation Name
BUKKEHAVE INTERNATIONAL CORPORATION



Principal Place of Business 1800 ELLER DRIVE SUITE 420 FORT LAUDERDALE FL 33316	Mailing Address 1800 ELLER DRIVE SUITE 420 FORT LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc	22. City & State	26. P.O. Box 13143 27. Suite, Apt. #, etc	10/24/1997
23. Zip	24. Country	28. City & State	4. FEI Number
25. Zip	25. Country	29. 33316	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
26. Zip	26. Country	30. US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BREIT, RICHARD H
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	S
NAME	BUKKEHAVE, HANS CHRISTIAN	1.2 NAME	GERSTNER, BRENDA
STREET ADDRESS	CHRISTIANSMINDEVEJ 4	1.3 STREET ADDRESS	1800 ELLER DRIVE, STE. 420, P.O. BOX 13143
CITY-ST-ZIP	DK-5700 SVENDBORG, DENMARK	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	D	2.1 TITLE	D
NAME	HAAR, CHRISTIAN	2.2 NAME	HAAR, CHRISTIAN
STREET ADDRESS	SKARUPORE STANDVEJ 60	2.3 STREET ADDRESS	1800 ELLER DRIVE, STE 420, P.O. BOX 13143
CITY-ST-ZIP	DK-5881 SKARUP, DENMARK	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	D	3.1 TITLE	
NAME	BARKLIN, PETER	3.2 NAME	
STREET ADDRESS	7, ROSCROFT AVENUE HAMPSTEAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON NW370A ENGLAND	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
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)(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 addendum with an address.

SIGNATURE: *Christian Haar* **Christian Haar 01-20-98 525-9788**

CR2E034 (10/97)