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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9

P97000106466 (0)

R & K DESIGNERS, INC.

Principal Place of Business

Mailing Address

2333 BRICKELL AVE MEZZANINE SUITE MIAMI FL 33129 2333 BRICKELL AVE MEZZANINE SUITE MIAMI FL 33129

## FILED Jul 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\prod$ Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 25 MAMITUADE 29 24 30 Personal Property Tax due June 30. Yes **⊠** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MALEK, FARHAD 2333 BRICKELL AVE MEZZANINE SUITE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33129 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typed or prioted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change TITLE DELETE 1.1 TITLE Addition TRACHER, NORA A NAME 1.2 NAME **4036 SW 11 STREET** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELLTE 2.1 TITLE Change Addition NAME MOLDES, RAUL 2.2 NAMI STREET ADDRESS 4036 SW 11 STREET 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 THLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELFTE 6.1 THILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 of 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 or an attack materials.