

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzera B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **616437** (0)

1. Corporation Name
KAUFF'S OF MIAMI, INC.

Principal Place of Business
**2435 ALJ BABA AVE
OPA LOCKA FL 33054
US**

Mailing Address
**1416 10TH CT
LAKE PARK FL 33403-2007
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1979** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-2592825** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARION, MICHAEL W
2435 ALJ BABA AVE
OPA LOCKA FL 33054**

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

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

(Signature, typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	GOURLEY, ANTHONY W.
STREET ADDRESS	3500 S.W. 32ND ST.
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VP
NAME	BUNDY, ERICH J
STREET ADDRESS	11201 SW 55TH ST #13
CITY, ST, ZIP	MIRAMAR FL
TITLE	P
NAME	MARION, MICHAEL W
STREET ADDRESS	641 SW 89TH AVE
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	V
NAME	KAUFF, W. HOWARD
STREET ADDRESS	5660 WAR ADMIRAL RD
CITY, ST, ZIP	PALM BCH GARDENS FL
TITLE	AS
NAME	STRICKLAND, JANET I.
STREET ADDRESS	4827 CORBETT RD
CITY, ST, ZIP	LAKE WORTH FL
TITLE	S
NAME	HENDRICK, GERALD
STREET ADDRESS	388 NW 84TH TERR
CITY, ST, ZIP	PLANTATION FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	BELL, BRONWYN J.
6.4 CITY, ST, ZIP	5420 S.W. 55 AVE DAVIE, FL 33314

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. HOWARD KAUFF, VICE PRES, 1/23/95 407-881-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR