

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **616437** (0)

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



Principal Place of Business: **2435 ALI BABA AVE OPA LOCKA FL 33054 US**
Mailing Address: **1416 10TH CT LAKE PARK FL 33403-2007 US**

3. Date Incorporated or Qualified: **04/04/1979**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2592825**
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARION, MICHAEL W
2435 ALI 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 of person to be added, deleted, or changed in 12.

Signature of Registered Agent to be added, deleted, or changed in 13.

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOURLEY, ANTHONY W.		1.2 NAME		
STREET ADDRESS	3500 S.W. 32ND ST.		1.3 STREET ADDRESS		
CITY-STATE-ZIP	HOLLYWOOD FL		1.4 CITY-STATE-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNDY, ERICH J		2.2 NAME		
STREET ADDRESS	11201 SW 55TH ST #13		2.3 STREET ADDRESS		
CITY-STATE-ZIP	MIRAMAR FL		2.4 CITY-STATE-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARION, MICHAEL W		3.2 NAME		
STREET ADDRESS	641 SW 99TH AVE		3.3 STREET ADDRESS		
CITY-STATE-ZIP	PEMBROKE PINES FL		3.4 CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUFF, W. HOWARD		4.2 NAME		
STREET ADDRESS	5660 WAR ADMIRAL RD		4.3 STREET ADDRESS		
CITY-STATE-ZIP	PALM BCH GARDENS FL		4.4 CITY-STATE-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRICKLAND, JANET I.		5.2 NAME		
STREET ADDRESS	4827 CORBETT RD		5.3 STREET ADDRESS		
CITY-STATE-ZIP	LAKE WORTH FL		5.4 CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, BRONWYN J		6.2 NAME		
STREET ADDRESS	5420 S. W. 55 AVENUE		6.3 STREET ADDRESS		
CITY-STATE-ZIP	DAVIE FL		6.4 CITY-STATE-ZIP		

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 119.07(3)(k), 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, but 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

DATE

02/22/96

REGISTERED PHONE #

407-881-7100

CR2E034 (12/95)