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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/04/1979	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2592825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOURLEY, ANTHONY W.	
STREET ADDRESS	3500 S.W. 32ND ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUNDY, ERICH J	
STREET ADDRESS	11201 SW 55TH ST #13	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARION, MICHAEL W	
STREET ADDRESS	641 SW 99TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAUFF, W. HOWARD	
STREET ADDRESS	5680 WAR ADMIRAL RD	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STRICKLAND, JANET I.	
STREET ADDRESS	4827 CORBETT RD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BELL, BRONWYN J	
STREET ADDRESS	5420 S. W. 55 AVENUE	
CITY-ST-ZIP	DAVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Strickland, Janet I.
5.3 STREET ADDRESS	15400 Connors Hwy. S.W.
5.4 CITY-ST-ZIP	Okeechobee, FL 34974-9765
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE: _____ DATE: **4-18-97** DAYTIME PHONE #: **561-881-7100**

CR2E034 (9/96)