

**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

APPROVED AND FILED

96 MAY -1 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **G90889 (8)**  
1. Corporation Name  
**KANYO CORP.**

Principal Place of Business: **6650 NW 41ST ST. CORAL GABLES FL 33067**  
Mailing Address: **6650 NW 41ST ST. CORAL GABLES FL 33067**

3. Date Incorporated or Qualified: **02/10/1984**  
3a. Date of Last Report: **06/09/1995**  
4. FEI Number: **59-2386734**  
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: **6650 NW 41st Street**  
2a. Mailing Address: **6650 NW 41st Street**  
23. City & State: **Coral Springs, FL**  
28. City & State: **Coral Springs, FL**  
24. Zip: **33067**  
29. Zip: **33067**

9. Name and Address of Current Registered Agent  
**STERN, JEROME  
17071 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent  
81 Name: **Gary A. Korn**  
82 Street Address (P.O. Box Number is Not Acceptable): **20803 Biscayne Blvd.**  
83 **Suite 200**  
84 City: **Aventura**  
85 Zip Code: **FL 33180**

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, 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]* **Gary A. Korn** DATE: **5/5/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	6650 NW 41ST ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	6650 NW 41ST ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	6650 NW 41ST ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZUCLARMAN, STEVEN	
STREET ADDRESS	6650 NW 41ST ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZUCKERMAN, STUART	
STREET ADDRESS	6650 NW 41ST ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>200001823912</b>
13 STREET ADDRESS	<b>-05/16/96--01016--016</b>
14 CITY-ST-ZIP	<b>***200.00 ***200.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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 supplementary 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Andrew Zuckerman**

Date: **5/23/96**  
Daytime Phone: **904-702-4700**

CR2E034 (12/95)