

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:18

DOCUMENT # **L29438**

(3)

1. Corporation Name

KATS & COMPANY NOTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **12731 BISCAYNE BLVD. NORTH MIAMI FL 33181**
Mailing Address: **12731 BISCAYNE BLVD. NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1989** 3a. Date of Last Report: **08/05/1994**
4. FEI Number: **65-0156981** 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**
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt. # etc.: **22** State, Apt. # etc.: **27**
City & State: **23** City & State: **28**
ZIP: **24** COUNTRY: **25** ZIP: **29** COUNTRY: **30**

9. Name and Address of Current Registered Agent
**DAVIS, RONALD L.
1550 N.E. MIAMI GARDENS DR.
SUITE 407
NORTH MIAMI BEACH FL**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, Florida Statutes, the above named corporation submits the 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 Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TESAURO, KATHLEEN
STREET ADDRESS	2251 N.E. 122ND STREET
CITY, ST, ZIP	N. MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
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, the undersigned, hereby certify that the information required with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 of this report or on an attachment with an address.

SIGNATURE: *Kathleen Tesauro* 2/30/95 305-893-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR