

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:20

DOCUMENT # P39184

(7)

1. Corporation Name
KAH, INC.

Principal Place of Business

**27 WILLIAM ST.
NEW YORK NY 10005**

Mailing Address

**27 WILLIAM ST.
NEW YORK NY 10005**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1992

3a. Date of Last Report

02/01/1994

4. FBI Number

13-3487075

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

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

**MARKS, STANLEY
2875 NE 191ST ST.
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of current registered agent or the Florida Secretary of State)

(Signature of new registered agent or the Florida Secretary of State)

At:

12. OFFICERS AND DIRECTORS

NAME

STREET ADDRESS

CITY, ST., ZIP

NAME

STREET ADDRESS

CITY, ST., ZIP

NAME

STREET ADDRESS

CITY, ST., ZIP

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STREET ADDRESS

CITY, ST., ZIP

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME

STREET ADDRESS

CITY, ST., ZIP

NAME

STREET ADDRESS

CITY, ST., ZIP

NAME

STREET ADDRESS

CITY, ST., ZIP

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STREET ADDRESS

CITY, ST., ZIP

NAME

STREET ADDRESS

CITY, ST., ZIP

14. I hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 139.032, Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 9 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR)

Mark Criscitello

1/10/95 (20) 80/0012