

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995-7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H19956 (2)

1. Corporation Name
K.A.E., INC.

Principal Place of Business
5385 PALM AVENUE #1
PO BOX 2546 (PALM VLGE STATION)
HIALEAH FL 33012

Mailing Address
5385 PALM AVENUE #1
PO BOX 2546 (PALM VLGE STATION)
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/05/1984	3a. Date of Last Report 03/11/1994
4. FEI Number 59-2451258	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
Suite, Apt. #, etc. 22	Suite, 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

KURZWEIL, ALAN
5385 PALM AVE #1
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
Suetelle Kurzweil
82 Street Address (P.O. Box Number is Not Acceptable)
8641 SW 84 Terrace
83
84 City
Miami
85 Zip Code
FL 33143

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 I accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE Suetelle Kurzweil Suetelle Kurzweil, President 03-01-95
(Signature, typed or printed name of registered agent as filed on application) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KURZWEIL, ALAN
STREET ADDRESS	5385 PALM AVE
CITY - ST - ZIP	HIALEAH FL
TITLE	VD
NAME	KUNZMAN, EDWIN, ESQ.
STREET ADDRESS	15 MOUNTAIN BLVD
CITY - ST - ZIP	WARREN NJ
TITLE	SD
NAME	KURZWEIL, SUETELLE
STREET ADDRESS	8641 SW 84 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	KUNZMAN, JOYCE M.
STREET ADDRESS	15 MOUNTAIN BLVD
CITY - ST - ZIP	WARREN NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Suetelle Kurzweil	
1.3 STREET ADDRESS	8641 SW 84 Terrace	
1.4 CITY - ST - ZIP	Miami, FL 33143	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	A/S/D	☐ Change ☒ Addition
5.2 NAME	Jodi Lynn Kurzweil	
5.3 STREET ADDRESS	555 NE 34 Street, #2408	
5.4 CITY - ST - ZIP	Miami, FL 33137	
6.1 TITLE		☐ Change ☐ 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 is 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; 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: Suetelle Kurzweil Suetelle Kurzweil 03-01-95 305-822-9555
(Signature, typed or printed name of signing officer or director) (Name) (Telephone Number)