

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
HANS B. MANNING
GOVERNOR
TALLAHASSEE, FLORIDA 32399-0001

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10 AM 10:35

DOCUMENT # **G51232**

(8)

K-F SPECIALTIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Corporation: C/O CHARLES P. SACHER
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES FL 33134-5872

Mailing Address: C/O CHARLES P. SACHER
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES FL 33134-5872

DO NOT WRITE IN THIS SPACE

3. Date this statement was filed: 07/25/1993		3a. Date of Last Report: 04/08/1994	
4. FIC Number: 59-2311473		Applied For: ☐ Not Applicable: ☐	
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required			
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees			
8. The corporation has liability for damages for orders to 1993 Q3: ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
SACHER, CHARLES P. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL		<table border="1"> <tr> <td>81. Name:</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable):</td> <td></td> </tr> <tr> <td>83. City:</td> <td></td> </tr> <tr> <td>84. State:</td> <td>FL</td> </tr> <tr> <td>85. Zip Code:</td> <td></td> </tr> </table>		81. Name:		82. Street Address (P.O. Box Number is Not Acceptable):		83. City:		84. State:	FL	85. Zip Code:	
81. Name:													
82. Street Address (P.O. Box Number is Not Acceptable):													
83. City:													
84. State:	FL												
85. Zip Code:													

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is authorized to transact business in the State of Florida, and that the above named corporation is authorized to transact business in the State of Florida, and that the above named corporation is authorized to transact business in the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME	D KALBAC, JOSEPH J., JR. 5885 MILLER ROAD MIAMI FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		3. NAME	☐ Change ☐ Addition
NAME	D KALBAC, DANIEL G., M.D. 5885 MILLER ROAD MIAMI FL	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		6. NAME	☐ Change ☐ Addition
NAME	D KALBAC, MELANIE M. 5885 MILLER ROAD MIAMI FL	7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		9. NAME	☐ Change ☐ Addition
NAME	D KALBAC, THOMAS M. 5885 MILLER ROAD MIAMI FL	10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		12. NAME	☐ Change ☐ Addition
NAME	P KALBAC, JOSEPH J MD 5885 MILLER ROAD MIAMI, FL 00000	13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		15. NAME	☐ Change ☐ Addition
NAME	T KALBAC, MARGARET 5885 MILLER ROAD MIAMI, FL 00000	16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		18. NAME	☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under the laws of the State of Florida. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 officer or director who works for me in the preparation of this report as required by Chapter 497, Florida Statutes, and that my name appears in Block 12 or Block 13 or both as changed or as an addition with an appropriate signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Kalbac M.D.

5/11/95