

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

*** PROFIT CORPORATION ANNUAL REPORT 1996**



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

DOCUMENT # 331780 (7)

1. Corporation Name
MILES MELDISCO K-M HIALEAH FLA INC *Bb2*



Principal Place of Business

**1480 W 49TH ST
HIALEAH FL 33000
US**

Mailing Address

**933 MACARTHUR BLVD.
MAHWAH NJ 07430**

3. Date Incorporated or Qualified
06/26/1968

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

13-2630832

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

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 607.1503, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FALKOFF, MARTIN**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-STATE-ZIP **MAHWAH NJ**

TITLE ☐ DELETE
NAME **D PALIZZI, ANTHONY**
STREET ADDRESS **3100 W.BIG BEAVER**
CITY-STATE-ZIP **TROY MI**

TITLE ☐ DELETE
NAME **PD ROBINSON, JOHN**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-STATE-ZIP **MAHWAH NJ**

TITLE ☐ DELETE
NAME **AT WEINFUSS, STEWART**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-STATE-ZIP **MAHWAH NJ**

TITLE ☐ DELETE
NAME **VST FALKOFF, MARTIN**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-STATE-ZIP **MAHWAH NJ**

TITLE ☐ DELETE
NAME **AT KAKAR, MANOHAR**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-STATE-ZIP **MAHWAH NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **P Shepard, Jeffrey**
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Wojno, Thomas**
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996 (201) 934-2000

CR2E034 (12/95)