

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 502096 (1)

1. Corporation Name

K & E TRADING AND SHIPPING, INC.



Principal Place of Business

% PLUMER & EPSTEIN
105-58 FLAILANDS 5TH ST.
BROOKLYN NY 11236

Mailing Address

% PLUMER & EPSTEIN
105-58 FLAILANDS 5TH ST.
BROOKLYN NY 11236

3. Date Incorporated or Qualified
04/28/1976

3a. Date of Last Report
03/03/1995

4. FEI Number
13-2863972

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 C/O GERALD ROSS, CPA

22 Suite, Apt. #, etc.
265 POST AVENUE

23 City & State
WESTBURY, N Y

24 Zip 11590 Country USA

2a. Mailing Address

26 C/O GERALD ROSS, CPA

27 Suite, Apt. #, etc.
265 POST AVENUE

28 City & State
WESTBURY, N Y

29 Zip 11590 Country USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0602 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, if different from above

Signature typed or printed name of new registered agent, if different from above

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KELL, JOSEPH
STREET ADDRESS 220 MADISON AVE.
CITY- ST- ZIP NEW YORK NY ☐ DELETE

TITLE S
NAME EVINS, MELISSA
STREET ADDRESS 417 E. 57TH ST.
CITY- ST- ZIP NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH KELL

5/18/96

Daytime Phone #

CR2E034 (12/95)