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95 FEB 28 PM 3:38

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 640503 (9)

1. Corporation Name GARY KUFNER, INC.

Principal Place of Business 2032 HARRISON ST. HOLLYWOOD FL 33020 Mailing Address 2032 HARRISON ST. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/21/1979 3a. Date of Last Report 03/14/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1837685 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

10. Name and Address of New Registered Agent

FERNANDEZ, JOAQUIN N 520 ROYAL TRUST TWR, 701 SW 27TH AVE, BOX 25 MIAMI FL 33135

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. I hereby accept the appointment as registered agent. I am familiar with the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD NAME KUFNER, GARY STREET ADDRESS 1455 HARRISON ST. CITY-ST-ZIP HOLLYWOOD FL

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

TITLE V NAME KUFNER, LILLIAN STREET ADDRESS 1455 HARRISON ST. CITY-ST-ZIP HOLLYWOOD FL

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARY KUFNER Gary Kufner

2/25/95 923-1155