

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F48826 (4)

1. Corporation Name
KEN-KRAFT PRESS, INC.

Principal Place of Business Mailing Address
632 S MIAMI AVENUE MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1981	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2137548	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALMAN, MARTIN H. 10040 N.E. 10TH AVENUE NORTH MIAMI BEACH FL 33162				81	Name MARTIN H. ALMAN		
				82	Street Address (P.O. Box Number is Not Acceptable) 17064 W. Dixie Hwy		
				83			
				84	City No. MIAMI BEACH	FL	85

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 (familiar with, and hereby accepts the provisions of, Section 607.0502, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE: *[Signature]* **2/17/95**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUDELMAN, KATHERINE	1.2 NAME	
STREET ADDRESS	14530 NE FIFTH COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUDELMAN, KENNETH	2.2 NAME	
STREET ADDRESS	14530 NE FIFTH COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(1)(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: *Katherine Ann Nueldman* **1-10-95** **305 374-6289**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHERINE A. NUDELMAN, PRESIDENT