FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED

10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G51232 (8)

1. Entity Name

K-F SPECIALTIES, INC.

Principal Place of Business

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

FOR OFFICE USE ONLY

3. Date Incorporated/Qualified: 07/25/1983

3a. Date of Last Report: 04/08/1994

2. Previous Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2311473 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. The corporation is eligible to participate in this year's Limited Solicitation ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACHER, CHARLES P.
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL

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 Section 607.1622 (2) of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
Title	D	☐ Change ☐ Addition
Name	KALBAC, JOSEPH J., JR.	
Street Address	5885 MILLER ROAD	
City-State-Zip	MIAMI FL	
Title	D	☐ Change ☐ Addition
Name	KALBAC, DANIEL G., M.D.	
Street Address	5885 MILLER ROAD	
City-State-Zip	MIAMI FL	
Title	D	☐ Change ☐ Addition
Name	KALBAC, MELANIE M.	
Street Address	5885 MILLER ROAD	
City-State-Zip	MIAMI FL	
Title	D	☐ Change ☐ Addition
Name	KALBAC, THOMAS M.	
Street Address	5885 MILLER ROAD	
City-State-Zip	MIAMI FL	
Title	P	☐ Change ☐ Addition
Name	KALBAC, JOSEPH J MD	
Street Address	5885 MILLER ROAD	
City-State-Zip	MIAMI, FL 00000	
Title	T	☐ Change ☐ Addition
Name	KALBAC, MARGARET	
Street Address	5885 MILLER ROAD	
City-State-Zip	MIAMI, FL 00000	

14. I do hereby certify that the information supplied with this report is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an alternate.

SIGNATURE: J. Kalbac M.D. 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0141500 CP