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

-7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H19956 (2)

1. Corporation Name
K.A.E., INC.

Principal Place of Business	Mailing Address
5385 PALM AVENUE #1 PO BOX 2546 (PALM VLGE STATION) HIALEAH FL 33012	5385 PALM AVENUE #1 PO BOX 2546 (PALM VLGE STATION) HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/05/1984
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2451258 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KURZWEIL, ALAN
5385 PALM AVE #1
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: Suetelle Kurzweil
82 Street Address (P.O. Box Number is Not Acceptable): 8641 SW 84 Terrace
83
84 City: Miami FL 85 Zip Code: 33143

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

SIGNATURE: Suetelle Kurzweil, President — 03-01-95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	KURZWEIL, ALAN	12 NAME	Suetelle Kurzweil	
STREET ADDRESS	5385 PALM AVE	13 STREET ADDRESS	8641 SW 84 Terrace	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	Miami, FL 33143	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	KUNZMAN, EDWIN, ESQ.	22 NAME		
STREET ADDRESS	15 MOUNTAIN BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	KURZWEIL, SUETELLE	32 NAME		
STREET ADDRESS	8641 SW 84 TERR	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	KUNZMAN, JOYCE M.	42 NAME		
STREET ADDRESS	15 MOUNTAIN BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ	44 CITY-ST-ZIP		
TITLE		51 TITLE	A/S/D	☐ Change ☒ Addition
NAME		52 NAME	Jodi Lynn Kurzweil	
STREET ADDRESS		53 STREET ADDRESS	555 NE 34 Street, #2408	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL 33137	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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: Suetelle Kurzweil 03-01-95 305-822-9555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 CP