

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 # H19956 (2)

1. Corporation Name

K.A.E., INC.

Principal Place of Business

5385 PALM AVENUE #1
PO BOX 2546 (PALM VLGE STATION)
HIALEAH FL 33012

Mailing Address

5385 PALM AVENUE #1
PO BOX 2546 (PALM VLGE STATION)
HIALEAH FL 33012



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/05/1984

3a. Date of Last Report

03/07/1995

4. FLE Number

59-2451258

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

10. Name and Address of New Registered Agent

KURZWEIL, SUETELLE
8641 SW 84TH TERRACE
MIAMI FL 33143

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

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KURZWEIL, SUETELLE
STREET ADDRESS 8641 SW 84TH TERRACE
CITY-STATE-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME KUNZMAN, EDWIN, ESQ.
STREET ADDRESS 15 MOUNTAIN BLVD
CITY-STATE-ZIP WARREN NJ

TITLE SD ☐ DELETE

NAME KURZWEIL, SUETELLE
STREET ADDRESS 8641 SW 84 TERR
CITY-STATE-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME KUNZMAN, JOYCE M.
STREET ADDRESS 15 MOUNTAIN BLVD
CITY-STATE-ZIP WARREN NJ

TITLE ASD ☐ DELETE

NAME KURZWEIL, JODI L
STREET ADDRESS 555 NE 34TH STREET, #2408
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

Suetelle Kurzweil 1-1-96 305-822-9555

CR2E034 (12/95)