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 MAY -1 PM 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # J17322 (5)

1. Corporate Name
C.A.H. SPA OF FLORIDA CORP.

Principal Place of Business:
8755 N.W. 36TH STREET
MIAMI FL 33178-2401

Mailing Address:
122 E 42ND ST
STE 1601
NEW YORK NY 10168
US

3. Date Incorporated or Qualified: 06/03/1986
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-2701362 — 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 ... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KASKEL, WILLIAM
~~3750 N.W. 87TH AVENUE, SUITE 500~~
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8405 S.W. 166th Street
83
84 City: Miami FL 85 Zip Code: 33157

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	KASKEL, HOWARD	NAME	
STREET ADDRESS	122 W 42ND ST, STE 1601	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	SCHRAGIS, ALVIN I.	NAME	
STREET ADDRESS	122 E 42ND ST, STE 1601	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	KASKEL, RICHARD	NAME	
STREET ADDRESS	122 E 42ND ST, STE 1601	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	SCHRAGIS, CAROLE	NAME	
STREET ADDRESS	122 E 42ND ST, STE 1601	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	V	TITLE	☒ Change ☐ Addition
NAME	KASKEL, WILLIAM	NAME	
STREET ADDRESS	~~3750 NW 87TH AVE #500~~	STREET ADDRESS	8405 S.W. 166th Street
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	Miami, Fl 33157
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	BLUM, BRUCE	NAME	
STREET ADDRESS	122 E 42ND ST, STE 1601	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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)(i), 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] 5/1/95 212-557-3300

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

0001840 CP