SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J17322** **(5)**

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

Principal Place of Business	Mailing Address
8755 N.W. 36TH STREET MIAMI FL 33178-2401	122 E 42ND ST STE 1601 NEW YORK NY 10168 US

3. Date Incorporated or Qualified: 06/03/1986	3a. Date of Last Report: 05/01/1995
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 s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

KASKEL, WILLIAM
8405 SW 166TH ST
MIAMI FL 33157

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KASKEL, HOWARD		1.2 NAME		
STREET ADDRESS	122 W 42ND ST, STE 1601		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHRAGIS, ALVIN I.		2.2 NAME		
STREET ADDRESS	122 E 42ND ST, STE 1601		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	KASKEL, RICHARD		3.2 NAME	EDWARD WIERZBA	
STREET ADDRESS	122 E 42ND ST, STE 1601		3.3 STREET ADDRESS	122 EAST 42ND STREET	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	NEW YORK, NY 10168	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHRAGIS, CAROLE		4.2 NAME		
STREET ADDRESS	122 E 42ND ST, STE 1601		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KASKEL, WILLIAM		5.2 NAME		
STREET ADDRESS	8405 SW 166TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BLUM, BRUCE		6.2 NAME		
STREET ADDRESS	122 E 42ND ST, STE 1601		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/8/96 (212)552-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #