

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **J17322 (5)**
 1. Corporation 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 1801 NEW YORK NY 10108-1894 US
---	--

2. Principal Place of Business 21 8405 SW 166th St Suite, Apt. #, etc. 22 Suite 500 City & State 23 Miami FL Zip 24 33157 Country 25 US	2a. Mailing Address 26 90 PARK Ave - 28th Floor Suite, Apt. #, etc. 27 28th Floor City & State 28 New York NY Zip 29 10016 Country 30 US	3. Date Incorporated or Qualified 06/03/1986	3a. Date of Last Report 07/30/1996	4. FEI Number 59-2701362	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	--	------------------------------------	--	---	--	--

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 NAME KASKEL, HOWARD STREET ADDRESS 122 W 42ND ST, STE 1801 CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 90 PARK Ave - 28th Floor 1.4 CITY-ST-ZIP NY NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SCHRAGIS, ALVIN I. STREET ADDRESS 122 E 42ND ST, STE 1801 CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 90 PARK Ave - 28th Floor 2.4 CITY-ST-ZIP NY NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME WIERZER, EDWARD STREET ADDRESS 122 EAST 42ND STREET CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> DELETE	3.1 TITLE VP 3.2 NAME Wierzel, Edward 3.3 STREET ADDRESS 90 PARK Ave - 28th Floor 3.4 CITY-ST-ZIP NY NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SCHRAGIS, CAROLE STREET ADDRESS 122 E 42ND ST, STE 1801 CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 90 PARK Ave - 28th Floor 4.4 CITY-ST-ZIP NY NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME KASKEL, WILLIAM STREET ADDRESS 8405 SW 166TH ST CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS NAME BLUM, BRUCE STREET ADDRESS 122 E 42ND ST, STE 1801 CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 90 PARK Ave - 28th Floor 6.4 CITY-ST-ZIP NY NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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: EDWARD WIERZEL Date: 5/28/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0008604

CR2E034 (9/96)