

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 # **K56237** (6)

1. Corporation Name

THE KAUFMAN GROUP, INC.



Principal Place of Business

**11111 BISCAYNE BLVD.
SUITE 857
N MIAMI FL 33181**

Mailing Address

**11111 BISCAYNE BLVD.
SUITE 857
N MIAMI FL 33181**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**B & C CORP SERVICES INC.
175 NW FIRST AVE STE 2000
MIAMI FL 33128**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/06/1989

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0104777

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed on this form must be in ink and must appear on the signature line.

Signature typed or printed on this form must be in ink and must appear on the signature line.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	KAUFMAN, CHERI	
STREET ADDRESS	11111 BISCAYNE BLVD #857	
CITY- ST- ZIP	MIAMI FL	
TITLE	ST	☐ DELETE
NAME	ROSENBLUTH, MORTON	
STREET ADDRESS	11111 BISCAYNE BLVD 857	
CITY- ST- ZIP	NO MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	☐ Change ☐ Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	☐ Change ☐ Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY- ST- ZIP	☐ Change ☐ Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY- ST- ZIP	☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTON ROSENBLUTH

4/24/96

(305) 861-0005

Daytime Phone #