

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002798 (5)

1. Corporation Name
KESHER L.D., INC.



Principal Place of Business: 975 ARTHUR GODFREY ROAD, SUITE 308, MIAMI BEACH FL 33140
Mailing Address: 975 ARTHUR GODFREY ROAD, SUITE 308, MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report

2. Principal Place of Business: 21 3109 W. Hall Blvd, Suite 102, Pembroke Park, FL 33009, USA
2a. Mailing Address: 26 3109 W. Hall Blvd, Suite 102, Pembroke Park, FL 33009, USA

4. File Number: 65-0591858
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CHUSID, HOWARD, 17630 N.E. 9TH AVENUE, NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 3109 W. Hall Blvd, Suite 102, 83 City: Pembroke Park, FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: CHUSID, HOWARD	1.1 TITLE: DIR	CHUSID, HOWARD
STREET ADDRESS: 2401 S.W. 31ST AVENUE, BUILDING H	CITY-ST-ZIP: PEMBROKE PARK FL 33009	1.2 NAME: 3109 W. Hall Blvd #102	
TITLE: PD	NAME: GOLDWASSER, NORMAN A	1.3 STREET ADDRESS: Pembroke Park, FL 33009	
STREET ADDRESS: 975 ARTHUR GODFREY ROAD, SUITE 308	CITY-ST-ZIP: MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP: Pembroke Park, FL 33009	
TITLE: SD	NAME: RAUZIN, ERICA	2.1 TITLE: VICE PRESIDENT & DIR	Stelly Caten
STREET ADDRESS: 975 ARTHUR GODFREY ROAD, SUITE 308	CITY-ST-ZIP: MIAMI BEACH FL 33140	2.2 NAME: 3109 W. Hall Blvd #102	
TITLE: V	NAME: WANDER, DIANE	2.3 STREET ADDRESS: Pembroke Park, FL 33009	
STREET ADDRESS: C/O 975 ARTHUR GODFREY ROAD, SUITE 308	CITY-ST-ZIP: MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP: Pembroke Park, FL 33009	
TITLE: [Blank]	NAME: [Blank]	3.1 TITLE: President & DIR	Alon RAUZIN
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	3.2 NAME: 3109 W. Hall Blvd #102	
TITLE: [Blank]	NAME: [Blank]	3.3 STREET ADDRESS: Pembroke Park, FL 33009	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	3.4 CITY-ST-ZIP: Pembroke Park, FL 33009	
TITLE: [Blank]	NAME: [Blank]	4.1 TITLE: Secretary & DIR	Lauri Wittliff
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	4.2 NAME: 3109 W. Hall Blvd #102	
TITLE: [Blank]	NAME: [Blank]	4.3 STREET ADDRESS: Pembroke Park, FL 33009	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	4.4 CITY-ST-ZIP: Pembroke Park, FL 33009	
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: 000001833980	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.2 NAME: -05/22/96--01022--002	
TITLE: [Blank]	NAME: [Blank]	5.3 STREET ADDRESS: ***61.25	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.2 NAME: [Blank]	
TITLE: [Blank]	NAME: [Blank]	6.3 STREET ADDRESS: [Blank]	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.4 CITY-ST-ZIP: [Blank]	

6.5 CITY-ST-ZIP: [Blank]

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: [Signature] Date: 1/26/96 (954) 964-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Howard Chusid Daytime Phone #

CR2E037 (12/95)