

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 9:51

DOCUMENT # **P24459** (0)

1. Corporation Name

KEW MIAMI ASSOCIATES, LTD., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
67-52 WOODHAVEN BLVD.
REGO PARK NY 11374

Mailing Address
67-52 WOODHAVEN BLVD.
REGO PARK NY 11374

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/23/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21 **67-53 WOODHAVEN BLVD.** 26

4. FEI Number
11-2961778

Applied For
Not Applicable

22 Suite, Apt # etc

27 **Room # 107**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 **REGO PARK, N.Y.**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 **11374** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent or officer responsible

Signature, typed or printed name of registered agent or officer responsible

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RABENSTEIN, NORMAN
STREET ADDRESS	82-09 GRENFELL STREET
CITY, ST, ZIP	KEW GARDENS NY
TITLE	STD
NAME	WEINBACH, MORRIS
STREET ADDRESS	83-19 ABINGDON ROAD
CITY, ST, ZIP	KEW GARDENS NY
TITLE	VD
NAME	WEINBACH, JUDE
STREET ADDRESS	83-19 ABINGDON ROAD
CITY, ST, ZIP	KEW GARDENS NY
TITLE	VD
NAME	KAUDMAN, JOSEPH
STREET ADDRESS	8 QUICKWAY ROAD
CITY, ST, ZIP	MONROE NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and drawn not liable for the exemptions related in Sections 110.07(3)(b), 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 this corporation or the receiver or trustee or assignee of this corporation, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an ordering.

SIGNATURE: **MORRIS WEINBACH** *Morris Weinbach* **SEC. / TREAS** **2/1/95** **718-268-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR