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**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24459 (0)

1. Corporation Name
KEW MIAMI ASSOCIATES, LTD., INC.



Principal Place of Business: **67-52 WOODHAVEN BLVD. REGO PARK NY 11374**
Mailing Address: **67-53 WOODHAVEN BLVD. ROOM 107 REGO PARK NY 11374-5226 US**

3. Date Incorporated or Qualified: **05/23/1989**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business

21 **67-53 WOODHAVEN BLVD**

Suite, Apt. #, etc.

22

23 **REGO PARK, N.Y.**

City & State

24 **11374**

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

28

City & State

29

Zip

Country

4. FEI Number: **11-2961778**
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

9. Name and Address of Current Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RABENSTEIN, NORMAN	
STREET ADDRESS	82-09 GRENFELL STREET	
CITY-ST-ZIP	KEW GARDENS NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WEINBACH, MORRIS	
STREET ADDRESS	83-19 ABINGDON ROAD	
CITY-ST-ZIP	KEW GARDENS NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINBACH, JUDIE	
STREET ADDRESS	83-19 ABINGDON ROAD	
CITY-ST-ZIP	KEW GARDENS NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAUDMAN, JOSEPH	
STREET ADDRESS	8 QUICKWAY ROAD	
CITY-ST-ZIP	MONROE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 change, or in an attachment with an address.

SIGNATURE: *Morris Weinbach* **MORRIS WEINBACH, SEC./TREAS.** **2/4/97 (718) 268-6900**

CR2E034 (9/96)