SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (1) KWT CONSULTANTS, INC. Principal Place of Business Mailing Address 80 EAST 42ND ST. 60 EAST 42ND ST. **SUITE 2130 SUITE 2130** NEW YORK NY 10165 NEW YORK NY 10165 3a. Date of Last Report 3. Date Incorporated or Qualified 05/16/1991 05/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 13-3587170 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032 24 Yes X No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KAHN, WAXMAN & TAUB, P.C. 7251 WEST PALMETTO PARK RD. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City 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 and title if applicable (NOTE Biogistered Agent signal ine required when recastating) OATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)TITLE DELETE 117/116 Change Addition KAHN, JEFFREY S. NAME 1.2 NAME CR2E034 7251 W. PALMETTO PARK RD STREET ADORESS 13 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 City - ST - ZIP TITLE DELETE 21 TITLE Change Addition WAXMAN, RICHARD H. NAME 2.2 NAME 60 E. 42ND ST. STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2 4 CITY - ST - ZIP DT TITLE DELETE 3 1 TITLE Change Addition TAUB, IVEN R. NAME 3.2 NAME 60 E. 42ND ST. STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4 4 CITY - ST - ZIP DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-Z-P 54 CITY - ST-ZIP TITLE DELETE 61 THILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIF € 4 CITY - ST - ZIP 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 1 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:

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212 697-3407