FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P39184** **(7)**

1. Corporation Name

KAH, INC.

Principal Place of Business	Mailing Address
27 WILLIAM ST. NEW YORK NY 10005	27 WILLIAM ST. NEW YORK NY 10005

3. Date Incorporated or Qualified: **06/08/1992**
3a. Date of Last Report: **01/17/1995**

2. Principal Place of Business — 21
Street, Apt. #, etc. — 22
City, & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Street, Apt. #, etc. — 27
City, & State — 28
Zip — 29 Country — 30

4. FEI Number: **13-3487075** ☐ 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

MARKS, STANLEY
2875 NE 191ST ST.
NORTH MIAMI BEACH FL 33180

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 607.1622, 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. Said 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 of _____ Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PV	☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	HIPKINS, KENNETH A.		12 NAME	
13 STREET ADDRESS	27 WILLIAM ST.		13 STREET ADDRESS	
14 CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	
21 TITLE	TD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME	HIPKINS, KENNETH A.		22 NAME	
23 STREET ADDRESS	27 WILLIAM ST.		23 STREET ADDRESS	
24 CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP	
31 TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME	CRISCITELLO, MARK		32 NAME	
33 STREET ADDRESS	27 WILLIAM STREET		33 STREET ADDRESS	
34 CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	
41 TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME			42 NAME	
43 STREET ADDRESS			43 STREET ADDRESS	
44 CITY-ST-ZIP			44 CITY-ST-ZIP	
51 TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME			52 NAME	
53 STREET ADDRESS			53 STREET ADDRESS	
54 CITY-ST-ZIP			54 CITY-ST-ZIP	
61 TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME			62 NAME	
63 STREET ADDRESS			63 STREET ADDRESS	
64 CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I declare that the information supplied with this filing is accurate, was furnished and 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 changed, added or deleted.

SIGNATURE: _____ Mark Criscitello 1/16/96 (212)582-0212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)