FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P93000048100 (0)

KAVANA, INC.

Principal Place	TERR	Mailing Address 11380 SW 113 TERR MIAM FL 33176-3829	11380 SW 113 TERR						
						3. Date Incorporated or Qualified 07/02/1993		te of Last R 26/1996	eport
	lace of Business	2a. Mailing Address	··· າ			4. FEI Number	1	Ap	plied For
21 Suite, Apt.	# oto	[26] Suite Ant # etc.	26] Suite, Apt. #, etc.			65-9422610			ot Applicable
22 State, Apr.	#, O.C.	<u></u>	27			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State				6. Election Campaign Financing		\$5.00	
		28				Trust Fund Contribution		Added t	
Zip Country 25		Zip 29	Country 30			8. This corporation has liability for in Florida Statutes		taxunder s. No	. 199.032,
	9. Name and Address of Current					10. Name and Address of New Reg			
	Y, EDITH K		8	1	Name				
	80 SW 113 TERR		8	2	Street Addre	ess (F'.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33176		8	3					
			8	4	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Stat	lules, the abo	 -0VO	named corpo	pration submits this statement for the p		changing it	s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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									
12.	Signature, typed or printed name at registered ager OFFICERS AND		OH . Registered A	gen	d signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DIRECTOR	S IN 12
TITLE	VT	DELETE 1,1 T				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	LEVY, HAROLD J		1.2 NAMI	F					Ì
STREET ADORESS	11380 SW 113 TERR		1.3 STRE	1.3 STREET ADDRESS					į
CITY-ST-ZIP	MIAMI FL DP	D or or		1.4 CI1Y-\$1-ZIP				F1 6	T A J. Pric.
TITLE NAME	LEVY, EDITH K	DELF1E	2.1 TITLE 2.2 NAME		ļ			Change	Addition
STREET ADDRESS	11380 SW 113 TERR		2 3 STREET ADDRESS		ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST- ZIP						j
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME		1	3.2 NAME						
STREET ADDRESS			3.8 STRE		ŀ				
CITY-ST-ZIP		DELETE	3.4 CITY 4.1 TITLE	_	I - ZIP			Change	Addition
NAME		<u> </u>	4. 2 NAM					unango	L recuitor
STREET ADDRESS			4.3 STRE		ADDRESS				
CITY-ST-ZIP			4.4 CITY	- 51-	- ZIP				
TITLE	DELETE 51		5171718					Change	Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 STRE		t				
CITY-ST-ZIP TITLE		DELETE	DELETE 6.2 TITLE		-714			Change	Addition
NAME			6.2 NAM			•			
STREET ADDRESS			6.3 \$1RF		ADDRESS				
AIE 73 VIIO			0 . 017.4	67	710				

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 converation or the receiver or trustee enhanced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with in address.