

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 # P94000038948 (3)

1. Corporation Name

KNOFF ENTERPRISES INTERNATIONAL INC.



Principal Place of Business

Mailing Address

901 NE 172 STREET
N MIAMI BEACH FL 33162

901 NE 172 STREET
N MIAMI BEACH FL 33162

2. Principal Place of Business

21 900 ROCK HILL AVE

Suite, Apt. #, etc.

22

City & State

23 DAVIE, FLORIDA

Zip

24 33325

Country

25 BROWARD

2a. Mailing Address

26 900 ROCK HILL AVE

Suite, Apt. #, etc.

27

City & State

28 DAVIE, FLORIDA

Zip

29 33325

Country

30 BROWARD

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

09/11/1995

4. FEI Number

65-0495613

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

KNOFF, BARBARA
901 NE 172 STREET
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900 ROCK HILL AVE.

83

84 City

DAVIE

FL

85 Zip Code

33325

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME KNOFF, BARBARA
STREET ADDRESS 901 NE 172 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE VPD ☐ DELETE
NAME CONSTANTINE, TROY
STREET ADDRESS 901 NE 172 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 900 ROCK HILL AVE
1.4 CITY-ST-ZIP DAVIE, FL 33325

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 900 ROCK HILL AVE
2.4 CITY-ST-ZIP DAVIE, FL 33325

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

Barbara Knoff, President

4/29/96 954-452-0946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)