## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000025172 (4)

DOCUMENT # KAHANA GROUP, INC.



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Principal Place of Business Mailing Address							1144		<b>7</b> 1131 <b>48</b> 111 <b>48</b> 11		1941 21121 1141	. 10414 (151 (05	
410 W. 45 ST MIAMI BEACH			O W. 45 STREET IAMI BEACH FL 33140										
								9/1995	or Qualified	3a. Dat	te of Last Fl		
2. Principal Pla	ce of Business	2a. Mailing	2a. Mailing Address				4. FEI Nun	nber	010	_	h	Applied For	
1	· · · · · · · · · · · · · · · · · · ·		26				65-	056	968			Not Applicat	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.					ite of Statu	s Desired		Fee	\$8.75 Additional Fee Required	
City & State		City 8 8	State					ınd Contrib	ution		Adde	O May Be d to Fees	
<i>Z</i> ip	Country	Zip		Cour	ntry				as liability for	intangible:	tax under s	199.032,	
4	25	29		30				Statutes		3 Mo No			
	9. Name and Address of Cu	rrent Registered A	gent				10. Name	and Addre	ss of New f	Registered	Agent		
					81   1	lame 🗸	(61XL	KAH	ALLA				
AMERIL	AWYER			ļ	<b>82</b> S	treet Addre	ss (P.O. Box	Number is	Not Accepta	ble)			
	MERIA AVE.			ļ		410	) W	45	<u>51</u>				
CORAL	GABLES FL 33134				83								
* ** :-				}	84	ity as IA						ip Code	
	o the provisions of Sections 607.					in i H				FI		33140	
or registere familiar wit SIGNATURE _	ed agent, or both, in the State of h, and accept the obligations of,	Monda Such coance	a was aumonzei Iorida Statutes.	ару пес	whole	mort s board	when reinstating)			<b>3</b> /	15/9	16	
12.	OFFICERS	AND DIRECTORS		13.			ADDITI	ONS/CHAN	IGES TO OF	FICERS AN			
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NAME	KAHANA, YIGAL			. 1.2 N	AME								
STREET ADDRESS	410 W. 45 STREET			1.3 \$1	TREET AD	DRESS							
CITY-ST-ZIP	MIAMI BEACH FL 33140				TY-ST-2	MP .					Cnange	☐ Additi	
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TITLE			L. J. DELL II	4.2 N								<del>-</del>	
NAME					varvic Street at	IDRESS							
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TITLE				1	NAME								
NAME					STREET A	DDRESS							
STREET ADDRESS				F. A 1	City-St-	.7IP							
CITY-ST-ZIP	by certify that the information sur	oliod with this filing is	a voluntarily furn	ished and	does	not qualify f	for the exemp	tion stated	in Section 1	19.07(3)(k),	Florida Sta	tutes. I furthe	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarty for the exemption stated in section 119.07(3)(f), Fibrida Statutes. Third 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR