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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000048396 (2)**

1. Corporation Name
K & A INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~1031 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33162~~	~~1031 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33162~~

3. Date Incorporated or Qualified: 06/21/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 726 ARTHUR GODFREY RD.	26 726 ARTHUR GODFREY RD.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 MIAMI BEACH, FL	28 MIAMI BEACH, FL
24 Zip 33140 25 Country USA	29 Zip 33140 30 Country USA

4. FEI Number: ☐ 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

~~ROSENTHAL, KERRY E~~
~~1031 NORTH MIAMI BEACH BLVD.~~
~~NORTH MIAMI BEACH FL 33162~~

(SAME)

10. Name and Address of New Registered Agent

81 Name: Kerry E Rosenthal
82 Street Address (P.O. Box Number Not Acceptable): 2875 NE. 191 St., Ste 500
83
84 City: AVENTURA FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ 8/1/96
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when name altered)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	~~MACHCAH, AMER~~		12 NAME		
STREET ADDRESS	~~800 OCEAN DRIVE~~		13 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI BEACH FL 33140~~		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	~~KOVSOESKI, KLIME~~		22 NAME	KOVACESKI, KLIME	
STREET ADDRESS	726 ARTHUR GODFREY RD.		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ KLIME KOVACESKI 8/1/96 305 673-8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #