

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000016925 (5)

1. Corporation Name  
KACHLER & SABAN CORP.

Principal Place of Business  
8330 LAGOON PLACE  
FT LAUDERDALE FL 33124

Mailing Address  
8330 LAGOON PLACE  
FT LAUDERDALE FL 33324-6738



3. Date Incorporated or Qualified  
02/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 8396 STATE RD 84

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE FL

Zip

24 33324

Country

25 BROWARD

2a. Mailing Address

26 8396 STATE RD 84

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE FL

Zip

29 33324

Country

30 BROWARD

4. FEI Number

65-0651135

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

SILVERSTEIN, BARRY D  
2899 NE 191 ST STE 704  
NO MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

KACHLER, ARIE

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

8396 STATE RD 84

83

84

City FT. LAUDERDALE

FL

85 Zip Code

33324

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 *Arie Kachler*

Signature of officer or director of corporation and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KACHLER, ARIE  
STREET ADDRESS 8330 LAGOON PL STE 310  
CITY - ST - ZIP FT LAUDERDALE FL 33124

TITLE ☐ DELETE

NAME D DE-KACHLER, SARAH S  
STREET ADDRESS 8330 LAGOON PL STE 310  
CITY - ST - ZIP FT LAUDERDALE FL 33124

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

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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, or on an attachment with an address.

SIGNATURE: *Arie Kachler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0283607

CR2E034 (9/96)