

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 25 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000020792 (3)

1. Corporation Name
KAFKA, INC.

Principal Place of Business

Mailing Address

506 ESPANOLA WAY
MIAMI BEACH FL 33139

506 ESPANOLA WAY
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 ~~1964 Washington Ave~~

2a. Mailing Address

26 1964 Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ~~MIAMI BEACH FL~~

City & State

28 Miami Beach Fla

Zip

Country

24 ~~33139~~

25 ~~USA~~

Zip

29 33139

Country

30 DADE

4. FEI Number

65-0648585

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BENNETT, JOHN G
506 ESPANOLA WAY
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PSVT ☐ DELETE

NAME BENNETT, JOHN G
STREET ADDRESS 506 ESPANOLA WAY
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME BENNETT, JOHN G
STREET ADDRESS 506 ESPANOLA WAY
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME
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NAME
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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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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.

CR2E034 (4/97)

July 20, 1987

PJ.2

To whom it may concern -
I called your office
904-488-9000

And explained to the person that I
had never received a first notice -

Therefore, she told me to write this
letter, explaining the situation and to
send a check of \$165 to you at
this address

Thanks you

John Bennett M.D.
506 Espanola Way
Miami Beach, Fla 33139