

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

FILED
May 12 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 # P96000032724 (2)

1. Corporation Name
KABUKI INC.



Principal Place of Business: 2145 N.E. 204TH STREET, NORTH MIAMI BEACH FL
Mailing Address: 2145 N.E. 204TH STREET, NORTH MIAMI BEACH FL 33178-2220

3. Date Incorporated or Qualified: 04/11/1996
3a. Date of Last Report

2. Principal Place of Business: 21 6979 COLLINS AVE
2a. Mailing Address: 26 5701 COLLINS AVE

4. FEI Number: APPLIED FOR
Applied For / Not Applicable

22. Suite, Apt. #, etc.:
27. #1715

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23. City & State: MIAMI BEACH FL
28. MIAMI BEACH FL

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

24. Zip: 33141
25. Country: USA
29. 33140
30. USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PINKWASSER, ALAN
2145 N.E. 204TH STREET
NORTH MIAMI BEACH FL

10. Name and Address of New Registered Agent
81 Name: MARIA HOFFMAN
82 Street Address (P.O. Box Number is Not Acceptable): 9332 BYRON AVE
83
84 City: MIAMI BEACH FL
85 Zip Code: 33154

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]* MARIA D. HOFFMAN
DATE: 4/23/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	DELETE <input checked="" type="checkbox"/>	1.1 TITLE: MARIA HOFFMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PINKWASSER, ETHEL		1.2 NAME:
STREET ADDRESS: 2145 N.E. 204TH STREET		1.3 STREET ADDRESS: 9332 BYRON AVE
CITY-ST-ZIP: NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP: SURFSIDE FL 33154
TITLE: D	DELETE <input checked="" type="checkbox"/>	2.1 TITLE:
NAME: PINKWASSER, MARC		2.2 NAME:
STREET ADDRESS: 2145 N.E. 204TH STREET		2.3 STREET ADDRESS:
CITY-ST-ZIP: NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP:
TITLE:	DELETE <input type="checkbox"/>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:
STREET ADDRESS:		3.3 STREET ADDRESS:
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:
TITLE:	DELETE <input type="checkbox"/>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	DELETE <input type="checkbox"/>	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	DELETE <input type="checkbox"/>	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		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: *[Signature]* MARIA D. HOFFMAN
DATE: 4/23/97 (305) 866-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)