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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 Suite, Apt. #, etc.  
#1715

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

23 City & State  
MIAMI BEACH FL

28 City & State  
MIAMI BEACH FL

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

24 Zip  
33141

29 Zip  
33140

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

25 Country  
USA

30 Country  
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINKWASSER, ALAN  
2145 N.E. 204TH STREET  
NORTH MIAMI BEACH FL

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 MARIA D. HOFFMAN 4/23/97  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	MARIA HOFFMAN
NAME	PINKWASSER, ETHEL	1.2 NAME	9332 BYRON AVE
STREET ADDRESS	2145 N.E. 204TH STREET	1.3 STREET ADDRESS	SURFSIDE FL 33154
CITY - ST - ZIP	NORTH MIAMI BEACH FL	1.4 CITY - ST - ZIP	President
TITLE	D	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		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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. 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: MARIA D. HOFFMAN 4/23/97 (305) 866-8070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0243782

CR2E034 (9/96)