

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V15990** (7)

1. Corporation Name
KANEY OF MIAMI, INC.



Principal Place of Business: **8160 NW 36TH AVENUE MIAMI FL 33147 US**
Mailing Address: **8160 NW 36TH AVENUE MIAMI FL 33147 US**

21	2. Principal Place of Business	26	2a. Mailing Address
22	21 Suite, Apt. #, etc.	27	26 Suite, Apt. #, etc.
23	22 City & State	28	27 City & State
24	23 Zip	29	28 Zip
25	24 Country	30	29 Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/24/1992		05/19/1995
4.	FBI Number	Applied For	
	65-0317093	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**RICART, MAXIMO
5909 S.W. 26TH STREET
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	RICART, MAXIMO	
STREET ADDRESS	% 5909 S.W. 26TH ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	RICART, MAXIMO	
STREET ADDRESS	% 5909 S.W. 26TH ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	GM	<input type="checkbox"/> DELETE
NAME	RICART, MAXIMO (GEN. MAN)	
STREET ADDRESS	% 5909 S.W. 26TH ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE	
22	NAME	
23	STREET ADDRESS	
24	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	
32	NAME	
33	STREET ADDRESS	
34	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE	
42	NAME	
43	STREET ADDRESS	
44	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	TITLE	
52	NAME	
53	STREET ADDRESS	
54	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61	TITLE	
62	NAME	
63	STREET ADDRESS	
64	CITY- ST- ZIP	

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 its registered or trustee employees; I prepared 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]*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/24/96 x (305) 673 8050

CR2E034 (12/95)