

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P24459 (0)

1. Corporation Name
KEW MIAMI ASSOCIATES, LTD., INC.



Principal Place of Business: **67-52 WOODHAVEN BLVD. REGO PARK NY 11374**
Mailing Address: **67-53 WOODHAVEN BLVD. ROOM 107 REGO PARK NY 11374 US**

3. Date Incorporated or Qualified: **05/23/1989**
3a. Date of Last Report: **05/01/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.		
Principal Place of Business					Mailing Address					FEI Number 11-2961778		Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State					City & State										
Zip		Country			Zip		Country								

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

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

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 below 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	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	CITY - ST - ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	CITY - ST - ZIP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **MORRIS WEINBACH** SECRETARY **1/17/96 (718) 268-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)