

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzana B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JAN 17 PM 1:20

DOCUMENT # **P39184** (7)  
1. Corporation Name  
**KAH, INC.**

Principal Place of Business: **27 WILLIAM ST. NEW YORK NY 10005**  
Mailing Address: **27 WILLIAM ST. NEW YORK NY 10005**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/08/1992**  
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business 21	2b. Mailing Address 26	4. FEI Number <b>13-3487075</b>	Applied For Not Applicable
22. State Apt # etc	27. State Apt # etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MARKS, STANLEY</b> <b>2875 NE 191ST ST.</b> <b>NORTH MIAMI BEACH FL 33180</b>		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	<b>FL</b> B5. Zip Code

11. Pursuant to the provisions of Sections 607.050(3) 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. Thereby accepted the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Stanley Marks) \_\_\_\_\_ (Signature of Kenneth A. Hipkins)  
 OFFICE OF THE SECRETARY OF STATE, DIVISION OF CORPORATIONS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME: <b>PV HIPKINS, KENNETH A.</b>	STREET ADDRESS: <b>27 WILLIAM ST. NEW YORK NY</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY: <b>NEW YORK NY</b>	STATE: <b>NY</b>	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP: <b>10005</b>		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TD HIPKINS, KENNETH A.</b>	STREET ADDRESS: <b>27 WILLIAM ST. NEW YORK NY</b>	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY: <b>NEW YORK NY</b>	STATE: <b>NY</b>	5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP: <b>10005</b>		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>S CRISCITELLO, MARK</b>	STREET ADDRESS: <b>27 WILLIAM STREET NEW YORK NY</b>	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY: <b>NEW YORK NY</b>	STATE: <b>NY</b>	8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP: <b>10005</b>		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 139.032(4)(a), Florida Statutes. I further certify that the information contained 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on block 13 or block 14 of this report as an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Signature of Mark Criscitello) **1/10/95** (210) 801-0012  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR