

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **06/08/1992**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **13-3487075**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MARKS, STANLEY 2875 NE 191ST ST. NORTH MIAMI BEACH FL 33180**
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 607.09(1) and 607.15(2), 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, accept the appointment as registered agent. I am female, male, other.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
12.1 TITLE: PV	12.2 NAME: HIPKINS, KENNETH A.	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS: 27 WILLIAM ST.	12.4 CITY, ST., ZIP: NEW YORK NY	13.2 NAME:	
12.5 TITLE: TD	12.6 NAME: HIPKINS, KENNETH A.	13.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS: 27 WILLIAM ST.	12.8 CITY, ST., ZIP: NEW YORK NY	13.4 CITY, ST., ZIP:	
12.9 TITLE: S	12.10 NAME: CRISCITELLO, MARK	13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: 27 WILLIAM STREET	12.12 CITY, ST., ZIP: NEW YORK NY	13.6 NAME:	
12.13 TITLE:	12.14 NAME:	13.7 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS:	12.16 CITY, ST., ZIP:	13.8 CITY, ST., ZIP:	
12.17 TITLE:	12.18 NAME:	13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 STREET ADDRESS:	12.20 CITY, ST., ZIP:	13.10 NAME:	
12.21 TITLE:	12.22 NAME:	13.11 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS:	12.24 CITY, ST., ZIP:	13.12 CITY, ST., ZIP:	
12.25 TITLE:	12.26 NAME:	13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 STREET ADDRESS:	12.28 CITY, ST., ZIP:	13.14 NAME:	
12.29 TITLE:	12.30 NAME:	13.15 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.31 STREET ADDRESS:	12.32 CITY, ST., ZIP:	13.16 CITY, ST., ZIP:	

14. I do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information published on this annual report or supplementary 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 of this report or an attached form with an address.

SIGNATURE: **Mark Criscitello** 1/16/96 (212) 804-0000

CR2E034 (12/95)