

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006123 (2)

1. Corporation Name

PINATA HOLDINGS, INC.

KAM HOLDINGS, INC DBA PINATA

Principal Place of Business

6230 CANOGA AVENUE SUITE 1430
WOODLAND HILLS CA 91367

Mailing Address

6230 CANOGA AVENUE SUITE 1430
WOODLAND HILLS CA 91367



3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last Report
4. FEI Number 52-1629139	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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 name (Type in block letters)

Signature of Registered Agent (Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	Ahmed Mohammed, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADL, AHMED S	1.2 NAME	1050 Connecticut Ave., N.W. C/O GD&C
STREET ADDRESS	1050 CONNECTICUT AVE., N.W. C/O GD&C	1.3 STREET ADDRESS	Washington DC 20036
CITY-ST-ZIP	WASHINGTON DC 20038	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWAY, AYMAN E	2.2 NAME	
STREET ADDRESS	1050 CONNECTICUT AVE., N.W. C/O GD&C	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20038	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QADEER, CHADHARY	3.2 NAME	
STREET ADDRESS	1050 CONNECTICUT AVE., N.W. C/O GD&C	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20038	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELKONIAN, VAHE M	4.2 NAME	
STREET ADDRESS	6230 CANOGA AVENUE SUITE 1430	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	700001727581 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-02/23/96--01020--025
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Vahe M. Melkonian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vahe M. Melkonian

818 716-2020

SDG 2-28-96