

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M98185** (5)

1. Corporation Name
KIMBO DISTRIBUTORS INC.



Principal Place of Business: **4321 REFLECTIONS BLVD. SUITE 105 SUNRISE FL 33351 US**
Mailing Address: **4321 REFLECTIONS BLVD. SUITE 105 SUNRISE FL 33351 US**

2. Principal Place of Business: **767 So STATE Rd 7 SUITE #13 MARGATE FL 33068 USA**
2a. Mailing Address: **767 So St Rd 7 SUITE 13 MARGATE FL 33068 USA**

3. Date Incorporated or Qualified: **09/13/1988**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0070012**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DE OLIVEIRA, DIMAS F.
4321 REFLECTIONS BLVD. #105
SUNRISE FL 33351**

10. Name and Address of New Registered Agent
81 Name: **GARY ONORATI**
82 Street Address (P.O. Box Number is Not Acceptable): **767 So St Rd 7 Suite 13**
83
84 City: **MARGATE** FL 85 Zip Code: **33068**

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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 7-12-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
	PD DE OLIVEIRA, DIMAS F.	4321 REFLECTIONS BLVD. #105	SUNRISE FL	(Delete)
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
	STD DE OLIVEIRA, PAULO J.	4321 REFLECTIONS BLVD. #105	SUNRISE FL	(Delete)
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	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 checked="" type="checkbox"/> Addition
	DPS ISABELE O. BARRUCAS	767 So St Rd 7 #13	MARGATE FL 33068	
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	<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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-978-9582

CR2E034 (3/96)