

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

FILED
May 14 1996 8:00 am
Secretary of State

DOCUMENT # P94000025249 (1)

1. Corporation Name

KARA SALES, CORP.

Principal Place of Business

14530 GLENCAIRN RD.
MIAMI LAKES FL 33016

Mailing Address

14530 GLENCAIRN RD.
MIAMI LAKES FL 33016



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6700 Bull Run Rd		26 PO Box 4581		04/01/1994		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Apt 372		27		65-0479045		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Miami Lakes, FL		28 Hialeah, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 33014		29 33014		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RODRIGUEZ, RADAMES
14530 GLENCAIRN ROAD
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name	Rodriguez Kalin
82 Street Address (P.O. Box Number is Not Acceptable)	6700 Bull Run Rd
83	Apt 372
84 City	Miami Lakes
85 Zip Code	33014

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 *Kalia Rodriguez* *Kalia Rodriguez* President *May 7, 96*
Signature, typed or printed name of registered agent and title, if applicable (Not: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, KALIA	1.2 NAME	
STREET ADDRESS	14530 GLENCAIRN RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL 33016	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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: *Kalia Rodriguez* *Kalia Rodriguez* *May 7, 96* (305) 556-1024
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)