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 DOCUMENT # P95000011051 (6) KMAA DISTRIBUTING, INC.				5.}	
Principal Plac	e of Business	Mailing Address			
2651 ROCK MARGATE F	ISLAND ROAD EL 33063	2651 ROCK ISLAND ROA MARGATE FL 33063	D		
		MANORIE 16 30003		3. Date Incorporated or Qualified 3a. Date of Last Report Twitten YEAR	
2. Principal P	Mace of Business O WEST Sample Rd.	2a. Mailing Address 26 9600 West	Smile R	Applied For	
Suite Apt.	#, etc.	Suite, Apt. #, etc.	mayle 1	5. Certificate of Status Desired 58.75 Additional	
City & State		27 Sure	<u> </u>	Fee Required 6. Election Campaign Financing \$5.00 May Be	
23 CDP	Country	28 COCAL SPR	NGS F	Trust Fund Contribution Added to Fees	
24 330	065 25 U.S.	29 33045	30 U.S.	This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes No	
•	9. Name and Address of Current Re	egistered Agent	81 Name	10. Name and Address of New Registered Agent	
2651 ROCK ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)				Address (P.O. Box Number is Not Acceptable)	
M	ARGATE FL 33063		B3 C	TEOU WEST SAMPRE RO.	
•			84 City	Suite 30	
11. Pursuant	to the provisions of Sections 607,0502 an	d 607.1508, Florida Statutes	the above-named	MAL OFFINE TE 33065	
office er re agent. I a	egistered agent, or both, in the State of F m familiar with, and accept the obligation	torida Such change was aut is of, Section 607,000s, Florid	horized by the corp da Statutes	corporation submits this statement for the purpose of changing its registered oration's board of directors. Thereby accept the appointment as registered	
SIGNATURE)	X Signature: typed or printed dame of registered agent and	un trov	08.06.9 Finglistered Agent signature	6	
12.	OFFICERS AND DI		13.		
NAME	D Gardarsson, Magnus		1 1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition GOENT SAMPLE RD. GOENT SPENIS EL 33065	
STREET ADDRESS	2651 ROCK ISLAND ROAD		1 3 STREET ADDRESS	9600 WEST SAMPLE RD.	
CITY-ST-ZIP TITLE	MARGATE FL 33063	DELETE	1.4 C(TY - ST - ZIP 2 1 TITLE	20112 3 7003	
NAME		U VILLE	2 2 NAME	Change Addition C	
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP		
NAME		La Deterit	3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34 CITY-ST-ZIP	Change	
NAME			4. 2 NAME	Change Addition	
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		
NAME			5.2 NAME	Change Addition	
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP		
NAME		[Settit	61 TITLE 62 NAME	200001925952 ^{tange} ☐ Addition ☐ -08/20/9601029051	
STREET ADDRESS			6 3 STREET ADDRESS	***20736***U1U23***US1	
14. I do hereb	y certify that the information supplied with	n this filing is voluntarily form	64 CITY-ST-ZIP	outlife the the ground and a Comment of Comment	
14. I do hereby certify that the information supplied with this filling 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					
that my na	and my state dispects in brook it or block its in changed, or on an audiess				
SIGNATURE: 18.08.96 8-5-96 (4/4) 796-4030					