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

DOCUMENT # P95000028025

1. Corporation Name: S.K. DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
6230 N.W. 6AVE MIAMI FLA 33150	6230 N.W. 6AVE MIAMI FLA 33150

3. Date Incorporated or Qualified: APRIL 6th 1995
3a. Date of Last Report: 1995

2. Principal Place of Business
21: 6230 N.W. 6 AVE
22: Suite, Apt. #, etc
23: City & State: MIAMI FLA.
24: Zip: 33150
25: Country: U.S.A.

2a. Mailing Address
26: 6230 N.W. 6AVE
27: Suite, Apt. #, etc.
28: City & State: MIAMI FLA.
29: Zip: 33150
30: Country: U.S.A

4. FEI Number: 65-0572023 ☐ Applied For ☐ Not Applicable

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALNOOR KARIM
30 N.E. 104 ST
MIAMI FLA 33138

10. Name and Address of New Registered Agent

81 Name: SHIRAZ KARIM
82 Street Address (P.O. Box Number is Not Acceptable): 14999 N.W. 87 PLACE
83:
84 City: MIAMI LAKES FL 85 Zip Code: 33016

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: Shiraz Karim — 6.19.96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☒ DELETE
NAME	ALNOOR KARIM	
STREET ADDRESS	30 N.E. 104 ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	SECRETARY/TREASURER	☒ DELETE
NAME	SHABIR KARIM	
STREET ADDRESS	30 N.E. 104 ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	SHIRAZ KARIM	
1.3 STREET ADDRESS	14999 N.W. 87 PLACE	
1.4 CITY-ST-ZIP	MIAMI LAKES FL 33016	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	000001892770	
5.3 STREET ADDRESS	-07/12/96--01077--046	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

CR2E034 (12/95)

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)(i), 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: Shiraz Karim — 3/31/96 — (305) 751-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #