

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1998 MAR 25 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000028025 (1)

1. Corporation Name

S.K. DISTRIBUTORS, INC.

Principal Place of Business

6230 NW 6TH AVE.  
MIAMI FL 33150

Mailing Address

6230 NW 6TH AVE.  
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0572023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 MIAMI SHORES FL

29 33138 30 U.S.A.

9. Name and Address of Current Registered Agent

KARIM, SHIRAZ  
14999 NW 87TH PLACE  
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name

KARIM ALNOOR

82 Street Address (P.O. Box Number is Not Acceptable)

30 N.E. 104th street

83

84 City

MIAMI SHORES

FL

85 Zip Code

33138

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KARIM, SHIRAZ  
STREET ADDRESS 14999 NW 87TH PL.  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ST ☐ DELETE

NAME KARIM, SHABIR  
STREET ADDRESS 30 N.E. 104TH 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 P ☐ Change ☒ Addition

1.2 NAME KARIM, ALNOOR  
1.3 STREET ADDRESS 30 N.E. 104th ST.  
1.4 CITY-ST-ZIP MIAMI SHORES FL 33138

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 700002473367--0  
2.3 STREET ADDRESS -03/31/98--01044--004  
2.4 CITY-ST-ZIP \*\*\*\*\*900.00 98 \*\*\*\*\*900.00

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

KARIM, SHIRAZ ALNOOR KARIM 3/24/98

CR2E034 (4/97)