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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000032142 (8)

1. Corporation Name  
KMA GROUP, INC.

Principal Place of Business

4036 NE 5TH AVE  
OAKLAND PARK FL 33479  
US

Mailing Address

20016 N.E. 7TH COURT  
N. MIAMI BEACH FL 33179-2419



3. Date Incorporated or Qualified  
04/25/1995

3a. Date of Last Report  
06/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip  
33334

Country

24 33334

25

2a. Mailing Address

26 4036 NE 5TH AVE.

27 City & State

28 OAKLAND PARK

Zip

29 33334

Country

30 US

4. FEI Number

65-0575066

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

ROCCO R. ILARIA  
4420 NE 13TH TERRACE  
OAKLAND PARK FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	RUDESYLE, ALBERT J	
STREET ADDRESS	20616 N.E. 7TH COURT	
CITY- ST- ZIP	N. MIAMI BEACH FL 33179	
TITLE	P	DELETE
NAME	ROCCO R. ILARIA	
STREET ADDRESS	4420 NE 13TH TERRACE	
CITY- ST- ZIP	OAKLAND PARK FL	
TITLE	VP	DELETE
NAME	ROBERT W. BARNES	
STREET ADDRESS	57 WEST KEEN ST.	
CITY- ST- ZIP	KISSIMEE FL	
TITLE	VP	DELETE
NAME	ELSIE B. WHITTINGTON	
STREET ADDRESS	57 W. KEEN ST.	
CITY- ST- ZIP	KISSIMEE FL	
TITLE	VP	DELETE
NAME	BRANDON KUHN	
STREET ADDRESS	4036 NE 5TH AVE.	
CITY- ST- ZIP	OAKLAND PARK FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
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		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)