

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR -7 AM 4:34

**DOCUMENT # 232461 (4)**

1. Corporation Name  
**KRENWAL CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**220 COLLINS AVE  
MIAMI BEACH 39 FL 33139**

Mailing Address  
**220 COLLINS AVE  
MIAMI BEACH 39 FL 33139**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/23/1960	03/17/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2279704	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**AUSHRA, JOHN  
220 COLLINS AVENUE  
MIAMI BEACH FL 33139**

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 the officer of the corporation, and certify, 607.15, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>AUSHRA, JOHN</b>
STREET ADDRESS	<b>220 COLLINS AVENUE</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>T</b>
NAME	<b>CHEPYHA, JERONE</b>
STREET ADDRESS	<b>220 COLLINS AVE.</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>LINDHOLM, ROBERT C JR</b>
STREET ADDRESS	<b>220 COLLINS AVE</b>
CITY, ST, ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>VSD</b>
NAME	<b>UNGIS, CHARLOTTE</b>
STREET ADDRESS	<b>220 COLLINS AVE</b>
CITY, ST, ZIP	<b>MIAMI BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>DS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 Sections 110 (1)(3)(b), 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, trustee, assignee or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or in an attached form with an addition.

SIGNATURE:

*Robert C. Lindholm Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

**ROBERT C. LINDHOLM JR**  
PRESIDENT 3/29/95

(305) 538-0620