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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # 232461

(4)

KRENWAL	CORPORATION
NUCIALIA.	CONFORMION

V					
Principal Place o	of Business	Mailing Address		T HOUSING CHAIN ALLES ETINGS OF BUILD HOUSE CLUBS A	IDI DIBN DIBN DIDN BIDN DEDIŞ DIBN 1841
220 COLLINS MIAMI BEACH		220 COLLINS AVE MIAMI BEACH 39 FL 3	33139		
				3. Date Incorporated or Qualified 01/23/1960	3a. Date of Last Report 04/07/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #	010	Suite, Apt. #, etc.	<del></del>	59-2279704	Not Applicable  \$8.75 Additional
22	LAM IV	27	SAME	5. Certificate of Status Desired	Fee Required
City & State		City & State	47;	6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in Florida Statutes	
24	25 9. Name and Address of Curren	29 Agent	30	10. Name and Address of New Re	
	•		81 Name	JOHN AUSH	OA
AUSHRA,	, JOHN		82 Street Add	dress (P.O. Box Number is Not Acceptable	
	LINS AVENUE	1	220	COLUMS AVE	94
MIAMI BE	EACH FL 33139	//	83 MIR	AMI BEACH	-l.
		//	84 City		85 Zip Code
44 Durgunet to	the provisions of Sections 607.0500	and 607 1508 Floring State	(a) the above named core	varation eulemite this statement for the num	vose of changing its registered office
or registere	od agent, or both, in the State of Florid	da. Such change was authori:	zed by the corporation's bo	oration submits this statement for the purp pard of directors. Thereby accept the appoi	intment as registered agent. I am
	n, and accept the obligations of, Sect	-1/1/		- Amn: 1	on 1991
SIGNATURE _	JOHN AUSHR Signature, Typed or printed name of registered agent	and title if applicable (N	OTF. Hegistered Agent signature requ	ared when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TOLE	DS	☐ DELETE	1. 1 TITLE	PD	Change Addition
NAME	AUSHRA, JOHN	SAME	12 NAME	AUSHRA, JOHN	
STREET ADDRESS	220 COLLINS AVENUE) MIAMI-BÉACH FL	J1.1.7 ~	1.3 STREET ADDRESS	220 COLLINS AVENUE MIAMI HEACH FL	<u>S</u>
CITY-ST-ZIP TITLE	T	[7] DELETE	1.4 CHTY - \$1 - ZIP 2 1 TITLE	SD SD	Change Addition
NAME	CHEPYHA JERONE		2.2 NAME	BOSIS, STELLA	
STREET ADDRESS	220 COLLINS AVE.		2.3 STREFT ADDRESS	220 COLLINS AVE	
CITY-ST-ZIP	MAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	□ DELETE	3. 1 TITLE	TD	Change
NAME	LINDHOLM, ROBERT C JR		3.2 NAME	PISNYS, PETRAS	
STREET ADDRESS	220 COLLINS AVE MIAMI, BCH FL		3.3 STREET ADDRESS	220 COLLINS AVE MIAMI REACH FL	
CiTY-ST-ZiP TiTLE	VD VD	[] DELETE	3.4 CITY - ST - ZIP 4.1 TITLE	MIAMIT BEACH FL	Change
NAME	LINGIS, CHARLOTTE		4.2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP	220 COLLINS AVE MIAMI BCH FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
C1TY-ST-ZIP		DELETE	5 4 CITY- ST-ZIP		Change Addition
TITLE		☐ ptrric	6 1 TITLE 6 2 NAME		El purindo El variado
NAME STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6 4 CITY - ST - ZIP		
14. I do hereby certify that oath; that I	y certify that the information supplied the information indicated on this anni am an officer or director of the corpx Block 12 or Block 13 if changed, or	ual report or supplemental and pration or the receiver or trust	mished and does not qualify nual report is true and accu se empowered to execute to	y for the exempt on stated in Section 119.0 rate and that my signature shall have the s this report as required by Chapter 607, Flo	7(3)(k), Florida Statutes. I further same legal effect as if made under rida Statutes; and that my name

SIGNATURE: JOHN AUSHRA DE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE OF DISCOURS OF DIRECTOR OF