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FILED

**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 232461 (4)

1. Corporation Name
KRENWAL CORPORATION



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

3. Date Incorporated or Qualified
01/23/1960

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State **SAME**

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc. **SAME**

27 City & State **SAME**

28 Zip Country

29

4. FEI Number
59-2279704

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

AUSHRA, JOHN
220 COLLINS AVENUE
SUITE 9A
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name **SAME**

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: *John Aushra* **JOHN AUSHRA** **APRIL 15th 1998**

Signature typed of named name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	AUSHRA, JOHN	1.2 NAME	AUSHRA, JOHN
STREET ADDRESS	220 COLLINS AVENUE	1.3 STREET ADDRESS	220 COLLINS AVE
CITY-ST-ZIP	MIAMI BE	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD	2.1 TITLE	SD ROBERT (BOB) LINDHOLM
NAME	BOSIS, STELLA	2.2 NAME	220 COLLINS AVE
STREET ADDRESS	220 COLLINS AVENUE	2.3 STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	V.P. D. HURD, ERWIN
NAME	PISNYS, PETRAS	3.2 NAME	220 COLLINS AVE
STREET ADDRESS	220 COLLINS AVE	3.3 STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T
NAME	JAKAITIS, P.	4.2 NAME	PISNYS, PETRAS
STREET ADDRESS	220 COLLINS AVE.	4.3 STREET ADDRESS	220 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 of 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. **PRESIDENT**

SIGNATURE: *John Aushra* **JOHN AUSHRA** **APRIL 15th 98** (305) 531-1760

CR2E034 (10/97)