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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 JUL -7 AM 11:14

DOCUMENT # K86295

(8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

KROBAR, INC.

Principal Place of Business

Mailing Address

670 MORTON R. GOUDISS, EGG
4111 LINCOLN ROAD, SUITE 600
MIAMI BEACH FL 33139

670 MORTON R. GOUDISS, EGG
4111 LINCOLN ROAD, SUITE 600
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0119326

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. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 782 N.E. 75th St,

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 33138 25 DADE

29 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOUDISS, MORTON R., EGG
4111 LINCOLN ROAD, #600
MIAMI BEACH FL 33139

81 Name

John A. Krol

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

782 N.E. 75th St,

83

84 City

MIAMI

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

John A. Krol John C. Krol

6/29/95

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	KROL, JOHN A.
STREET ADDRESS	5700 COLLINS AVE 4F
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	V
NAME	SWIENTON, GREGORY
STREET ADDRESS	DHLMRI, RYE COL BOURS
CITY - ST - ZIP	BRUSSELS, BELGIUM
TITLE	V
NAME	SWIENTON, JOANN
STREET ADDRESS	DHLMRI, RYE COL BOURS
CITY - ST - ZIP	BRUSSELS, BELGIUM
TITLE	T
NAME	KROL, JOHN A
STREET ADDRESS	5700 COLLINS AVE 4F
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	S
NAME	KROL, JOHN A
STREET ADDRESS	5700 COLLINS AVE 4F
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95 (305) 538-9378