

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

CORPORATION,  
ANNUAL REPORT

1995



OFFICE OF THE SECRETARY OF STATE

100 SOUTH GUY WOOD BLVD.

TALLAHASSEE, FLORIDA 32301-0001

TELEPHONE (904) 497-4028

APPROVED  
AND  
FILED

05 MAY -1 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10844

(3)

KRINKLL, INC.

INCORPORATED IN FLORIDA

8317 NW 68TH ST  
MIAMI FL 33166  
US

MEMBER OF THE

8317 NW 68TH ST  
MIAMI FL 33166  
US

DEFINITION OF THE TERM "FACE"

|                              |  |                     |  |                                                                                                                                                            |                                |
|------------------------------|--|---------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Office Location |  | 2a. Mailing Address |  | 3. Date of Report                                                                                                                                          | 3a. Date of Last Report        |
| 21. State                    |  | 26. State           |  | 08/23/1989                                                                                                                                                 | 05/01/1994                     |
| 22. City                     |  | 27. City            |  | 4. FET Number                                                                                                                                              | Applied For                    |
| 23. Country                  |  | 28. Country         |  | 65-0144650                                                                                                                                                 | Not Applicable                 |
| 24. Zip                      |  | 29. Zip             |  | 5. Certificate of Status Desired                                                                                                                           | \$8.75 Additional Fee Required |
| 25. State                    |  | 30. State           |  | 6. Election Campaign Financing Trust Fund Contribution                                                                                                     | \$5.00 May Be Added to Fees    |
| 26. City                     |  | 31. City            |  | 8. This corporation has liability for intangible tax under 1981(32), Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |
| 27. Country                  |  | 32. Country         |  |                                                                                                                                                            |                                |
| 28. Zip                      |  | 33. Zip             |  |                                                                                                                                                            |                                |

## 9. Name and Address of Current Registered Agent

GUILLEN, ISIDRO J.  
360 NW 86TH CT  
MIAMI FL 33166

## 10. Name and Address of New Registered Agent

|                                                        |    |
|--------------------------------------------------------|----|
| 81. Name                                               |    |
| 82. Street Address (P.O. Box Number is Not Applicable) |    |
| 83. City                                               |    |
| 84. State                                              | FL |
| 85. Zip Code                                           |    |

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) 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 607.01, Sections 607.01(2) Florida Statutes.

SIGNATURE:

Signature of Registered Agent (if not the corporation's officer or director)

Signature of New Registered Agent (if not the corporation's officer or director)

Date

| 12. OFFICERS AND DIRECTORS |                                                        | 13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER EMPLOYEES |                                                                   |
|----------------------------|--------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | PD<br>GUILLEN, ISIDRO J.<br>360 NW 86TH CT<br>MIAMI FL | NAME                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                        | STREET ADDRESS                                          |                                                                   |
| CITY                       | V<br>GUILLEN, RAIZA E.<br>360 NW 86TH CT<br>MIAMI FL   | CITY                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |                                                        | STATE                                                   |                                                                   |
| ZIP                        | S<br>GUILLEN, NELSON A.<br>360 NW 86TH CT<br>MIAMI FL  | ZIP                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| COUNTRY                    |                                                        | COUNTRY                                                 |                                                                   |
| NAME                       | T<br>GUILLEN, RAIZA C.<br>360 NW 86TH CT<br>MIAMI FL   | NAME                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                        | STREET ADDRESS                                          |                                                                   |
| CITY                       |                                                        | CITY                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |                                                        | STATE                                                   |                                                                   |
| ZIP                        |                                                        | ZIP                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| COUNTRY                    |                                                        | COUNTRY                                                 |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information is included on the corporation's report of supplemental annual report, 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 at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/95

305 497-4028