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May 06, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000065098

1. Corporation Name  
KRIS INTERNATIONAL INC.

Principal Place of Business  
PO BOX 011979  
MIAMI FL 33101

Mailing Address  
PO BOX 011979  
MIAMI FL 33101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0883457	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRISTOFER, GRAY 390 NW 2ND ST SUITE 311 MIAMI FL 33128				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

14. 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: *Kristofer Gray* DATE: 3/13/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & CEO P/C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President & CEO (P) P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTOFER A. GRAY	1.2 NAME	ALBERT JAMES DONALDSON JR.
STREET ADDRESS	390 NW 2nd St Suite 311	1.3 STREET ADDRESS	P.O. Box 011979
CITY-ST-ZIP	Miami FL 33128	1.4 CITY-ST-ZIP	Miami FL 33101
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President (V) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	KHALIA ANN DONALDSON
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 011979
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami FL 33101
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	MAVIS DONALDSON
STREET ADDRESS		3.3 STREET ADDRESS	P.O. Box 011979
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami FL 33101
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ALBERT JAMES DONALDSON SR.
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 011979
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33101
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 an address, with all other like empowered.

SIGNATURE: *Albert James Donaldson Sr.* DATE: 3/13/99 DAYTIME PHONE #: (305) 371-4452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)