

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K40603 (8)**

1. Corporation Name  
**KRESS INTERNATIONAL, INC.**



Principal Place of Business <b>122 N.E. 1ST ST., #110 MIAMI FL 33132-2541</b>	Mailing Address <b>122 N.E. 1ST ST., #110 MIAMI FL 33132-2502</b>
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3. Date Incorporated or Qualified <b>10/24/1988</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>65-0086077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MARBIN, EVAN R.  
48 E. FLAGLER ST., STE. 374  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEREZDIVIN, MOISES</b>	
STREET ADDRESS	<b>CEREZO #2, SAN PATRICIO</b>	
CITY-ST-ZIP	<b>SAN JUAN PR</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROK, SERGIO</b>	
STREET ADDRESS	<b>48 E FLAGLER ST PH105</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSEPH, CLAUDE</b>	
STREET ADDRESS	<b>10390 S.W. 63RD CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEREZDIVIN, MARK</b>	
STREET ADDRESS	<b>CEUD. TENERIFE, #702</b>	
CITY-ST-ZIP	<b>SANTUCE PR</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZOTT, BERNARDO</b>	
STREET ADDRESS	<b>COND. TENEVIFE #802</b>	
CITY-ST-ZIP	<b>SANTUCE PR</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>TUCHMAN, MEDARDO</b>	
STREET ADDRESS	<b>CALLE A-D-2</b>	
CITY-ST-ZIP	<b>QUAYNABO PR</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an appointment with an address.

CR2E034 (9/96)

*4/15/97 205 357 9249*