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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H73528** (2)

1. Corporation Name
KRUMEL CORP.

Principal Place of Business
**% PHILIP L. BRAWNER
2950 S.W. 27TH AVENUE
MIAMI FL 33133**

Mailing Address
**% PHILIP L. BRAWNER
2950 S.W. 27TH AVENUE
MIAMI FL 33133-3765**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1985		3a. Date of Last Report 04/06/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
2. Principal Place of Business				2a. Mailing Address			
21. Suite, Apt. #, etc.				25. Suite, Apt. #, etc.			
22. City & State				26. City & State			
23. Zip				27. Zip			
24. Country				28. Country			
25. Suite, Apt. #, etc.				29. Suite, Apt. #, etc.			
26. City & State				27. City & State			
27. Zip				28. Zip			
28. Country				29. Country			
29. Suite, Apt. #, etc.				30. Suite, Apt. #, etc.			
30. City & State				31. City & State			
31. Zip				32. Zip			
32. Country				33. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRAWNER, PHILIP L. 2950 S.W. 27TH AVENUE 210 GROVE PROFESSIONAL BLDG. MIAMI FL 33133		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code FL	

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 _____ (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	
NAME	SCHIROW, GERD H.R.	1.2 NAME	
STREET ADDRESS	612 GOLDEN BEACH DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	GOLDEN BEACH FL	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	
NAME	BRAWNER, PHILIP	2.2 NAME	
STREET ADDRESS	2950 S.W. 27TH AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
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 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 on an attachment with an address.

SIGNATURE:  **Gerd Schitow** 03. 26. 97 (305) 935-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/96)