

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 17 1996 8:00am
Secretary of State

DOCUMENT # J47288 (2)
1. Corporation Name
KROLASCO INC.



Principal Place of Business Mailing Address
13455 NOEL RD. 13455 NOEL RD.
STE. 1100 STE. 1100
DALLAS TX 75240 DALLAS TX 75240
US US

3. Date Incorporated or Qualified 12/16/1986 3a. Date of Last Report 04/27/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 2a. Mailing Address 26 Suite, Apt. #, etc. 4. FEI Number 75-2147550 Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 25 Country 28 Zip 30 Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	RODER, HEINZ	1.2 NAME	
STREET ADDRESS	BLEICHERWEG 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	KAUFMANN, JOSEF A	2.2 NAME	
STREET ADDRESS	BLEICHERWEG 33	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	
NAME	PRIEST, PAT	3.2 NAME	
STREET ADDRESS	13455 NOEL RD., STE. 1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	MICHEL, HERBERT	4.2 NAME	
STREET ADDRESS	BLEICHERWEG 33	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	
NAME	PFISTER, EDITH	5.2 NAME	
STREET ADDRESS	BLEICHERWEG 33	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	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 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 in an attachment with an address.

SIGNATURE: PAT PRIEST, VICE PRESIDENT 4/10/96 (214) 774-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (12/95)