

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

DOCUMENT # **K40603** (8)

1. Corporation Name
KRESS INTERNATIONAL, INC.



Principal Place of Business: 122 N.E. 1ST ST., #110 MIAMI FL 33132-2541
Mailing Address: 122 N.E. 1ST ST., #110 MIAMI FL 33132-2541

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 65-0086077 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MAREIN, 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, 85 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: 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: PD	BEREZDIVIN, MOISES CEREZO #2, SAN PATRICIO SAN JUAN PR	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PD	ROK, SERGIO 48 E FLAGLER ST PH105 MIAMI FL	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: TD	JOSEPH, CLAUDE 10390 S.W. 63RD CT. MIAMI FL	2 2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: SD	BEREZDIVIN, MARK CEUD. TENERIFE, #702 SANTUCE PR	2 3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	LAZOTT, BERNARDO COND. TENEVIFE #802 SANTUCE PR	2 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VPD	TUCHMAN, MEDARDO CALLE A-D-2 GUAYNABO PR	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: VPD		3 2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: VPD		3 3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4 2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4 3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5 2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5 3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6 2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6 3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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 as an attachment with an address.

SIGNATURE: *Claude Joseph* 4/16/96 305 358 9249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)