

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L10844 (3)
1. Corporation Name
KRENKLL, INC.



Principal Place of Business
8317 NW 68TH ST
MIAMI FL 33166
US

Mailing Address
8317 NW 68TH ST
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6331 NW 87 Ave
Suite, Apt. #, etc.
22 MIAMI FL
City & State
23
Zip 33178 Country US
24 25 29 30

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip Country

3. Date Incorporated or Qualified
08/23/1989

4. FEI Number
65-0144650
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GUILLLEN, ISIDRO J.
360 NW 86TH CT
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name GUILLLEN ISIDRO J.
82 Street Address (P.O. Box Number is Not Acceptable)
10035 NW 44 TERR # 305
83 MIAMI
84 City MIAMI FL 85 Zip Code 33178

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	GUILLLEN, ISIDRO J.	360 NW 86TH CT	MIAMI FL	<input type="checkbox"/>
V	GUILLLEN, RAIZA E.	360 NW 86TH CT	MIAMI FL	<input type="checkbox"/>
S	GUILLLEN, NELSON A.	360 NW 86TH CT	MIAMI FL	<input type="checkbox"/>
T	GUILLLEN, RAIZA C.	360 NW 86TH CT	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		10035 NW 44 TERR # 305		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

[Handwritten Signature]

CR2E034 (10/97)