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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10844

KRENKLL, INC.

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Mar	16,	199	98	3:00	am
Sec					

03-16-1999 90149 022 ***158.75

Principal Place	e of Business	Mailing Address			<u>-</u> _				
6331 NW 87 AV		6331 NW 87 AVE				,			
MIAMI FL 33178 MIAMI FL 33178 US US					DO NOT WRITE IN THIS SPACE				
03		00				3. Date Incorporated or Qualifed			
}						08/23/1989			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	lied For
21		26				65-0144650		Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					×	\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	<u> </u>	Fee Rec	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	иау Ве
23		28				Trust Fund Contribution		Added to	Fees
Zip			Count	Country		8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	
	LEN JOIODO I		8	1 Name	,				
	LEN, ISIDRO J.		8	2 Stree	t Addre	ss (P.O. Box Number is Not Accep	table)		
	5 NW 44 TERR #305								
MIAN	/ii FL 33178		8	3					
			E	4 City				85 Zip C	ode
				"			<u> </u>		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statut	es, the about	ve-name	d corpor	ration submits this statement for the	e purpose of	changing its intraction	egistered istered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statut	98.	poration	rs board of directors. Thoropy dee.	SPI WAS SPIE		
SIGNATURE									}
SIGNATURE	Signature, typed or printed name of registered ag-			ent signature	required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	PD	□ DELETE	1.1 TITLE						
NAME	GUILLEN, ISIDRO J.	_						Change	☐ Addition
STREET ADDRESS			1.2 NAM	=				Change	☐ Addition
AUT (AT 710	10035 NW 44 TERR #305				S			Change	Addition
CITY-ST-ZIP	10035 NW 44 TERR #305 MIAMI FL		1.3 STRE 1.4 CITY	ET ADDRES ST-ZIP	s				
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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 of 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, with all other like empowered.

SIGNATURE:

305-597-4028