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 # M62172 (5)

1. Corporation Name
KINDERKRAFT, INC.

Principal Place of Business
507 SPRING AVE
PO BOX 2046
ANNA MARIA FL 34216

Mailing Address
507 SPRING AVE.
PO BOX 2046
ANNA MARIA FL 34216

3. Date Incorporated or Qualified: 11/06/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0019700 ☐ 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

2. Principal Place of Business
21 8150 West 30th Ct.
22 Suite, Apt. #, etc.
23 City & State: Hialeah, FL
24 Zip: 33016 25 Country

2a. Mailing Address
26 8150 West 30th Ct.
27 Suite, Apt. #, etc.
28 City & State: Hialeah, FL
29 Zip: 33016 30 Country

9. Name and Address of Current Registered Agent

STALINSKI, ERNST OTTO
507 SPRING AVE., POST OFFICE BOX 2046
ANNA MARIA FL 34216

10. Name and Address of New Registered Agent

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] DATE 2-2-96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	STALINSKI, ERNST OTTO	
STREET ADDRESS	507 SPRING AVE., PO BOX 2046	
CITY-ST-ZIP	ANNA MARIA FL 34216	
TITLE	V	☐ DELETE
NAME	FEHRS, JOHANNES	
STREET ADDRESS	507 SPRING AVE., PO BOX 2046	
CITY-ST-ZIP	ANNA MARIA FL 34216	
TITLE	ST	☐ DELETE
NAME	SMART, DERALD	
STREET ADDRESS	14298 SW 41ST ST.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: [signature] 2-2-96 941 778 7468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)