

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M75389 (0)

1. Corporation Name

KRONOS CORP.

Principal Place of Business

**4471 N.W. 36TH STREET #250
MIAMI SPRINGS FL 33166**

Mailing Address

**4471 N.W. 36TH STREET #250
MIAMI SPRINGS FL 33166**

**APPROVED
AND
FILED**

95 APR 17 PM 3:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/05/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0051154** 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 Suite, Apt. #, etc.

23 City & State

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Country

9. Name and Address of Current Registered Agent

**RODRIGUEZ, HERNANDO
14170 SW 84 ST., #F402
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
85 Grand Canal Drive suite 102 Miami FL 33144
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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS**
NAME **RODRIGUEZ, HERNANDO**
STREET ADDRESS **14170 SW 84 ST., F402**
CITY, ST, ZIP **MIAMI FL**

TITLE **VT**
NAME **BARRIGA, THELYA F.**
STREET ADDRESS **14170 SW 84 ST., F402**
CITY, ST, ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PS** ☐ Change ☐ Addition
12 NAME **Rodriguez Hernando**
13 STREET ADDRESS **Av El Dorado 84 A 55, Int 118**
14 CITY, ST, ZIP **Santa fe de Bogota, Colombia**

21 TITLE **VT** ☐ Change ☐ Addition
22 NAME **Barriga Thelya F.**
23 STREET ADDRESS **Av El Dorado 84 A 55, Int 118**
24 CITY, ST, ZIP **Santa Fe de Bogota, Colombia**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hernando Rodriguez
President.

3/25/95

888-0203