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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # KRONOS CORP.

Principal Place of Business

SUITE 109

MIAMI FL 33122

7840 NW 25TH STREET

2. Principal Place of Business

M75389

(0)

7640 NW 25TH STREET

Mailing Address

**SUITE 109** 

MIAMI FL 33122

2a. Mailing Address

## **FILED** Apr 01 1998 8:00am Secretary of State

1 (1884) (1884) 1885) (1886) (1884) (1886) (1886) (1886)	I ANDII AJAK DIAJI AIBII AKBIK DIAKI IBAJ
- {	
· ••••••• • • • • • • • • • • • • • • •	r minis Billis arasi minit dinir bilis ikali ikali
DO NOT WRITE IN	THIS SPACE
3. Date Incorporated or Qualified	
04/05/1988	
4. FEI Number	Applied For
65-0051154	Not Applicab
	SR 75 Additional

22	oute, Apr #, etc.		27	Suite, Apr. #, etc.				5. Certificate of Status Desired		Fee Required	
23	City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip	Country 25	29	Zip	30	Country		This corporation owes or has pa Personal Property Tax due June		urrent year Intangible	
_	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
		, HERNANDO				81	Name				
	85 GRAND CANAL DRIVE SUITE 102					82	Street Address (P.O. Box Number is Not Acceptable)				
	MIAMI FL 33	3144				83					
1						84	City		FI	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. La	m familiar with, and accept the obligations of, Sec	lion 607.0505, Flori	da Statutes.			_	
SIGNATURE	Signature, typod or printed name of registered agent and title if apply	able (NOTE F	Registered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	DELETE	1.1 TITLE		Chang	e	
NAME	RODRIQUEZ, HERNANDO		1.2 NAME			[	
STREET ADDRESS	AV EL DORADO 84 A 55, INT. 118		1.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA FE DE BOGOTA CO		1.4 CITY-ST-ZIP			Ì	
TITLE	VT -	DELETÉ	2.1 TITLE		Chang	ge 🔲 Addition	
NAME	BARRIGA, THELYA F.		2.2 NAME				
STREET ADDRESS	AV EL DORADO 84, A 55 INT 118		2.3 STREE1 ADDRESS				
CITY-ST-ZIP	SANTA FE DE BOGOTA CO		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		☐ Chang	je 🔲 Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY- ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Chang	je 🔲 Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		☐ Chang	e 🔲 Addition	
NAME			5.2 NAME			1	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Chang	ge 🔲 Addition (	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. Thereby certify that the information supplied with this filling 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 of the receiver or trusted 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 the allachment with an address.

SIGNATURE: ..

477-4245