

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 038 ***150.00

DOCUMENT # M75389

1. Entity Name
 KRONOS CORP.

Principal Place of Business
 6748 NW 72 AVENUE
 MIAMI, FL
 33166

Mailing Address
 6748 NW 72 AVENUE
 MIAMI, FL 33166

658312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

Country

4. FEI Number
 65-0051154

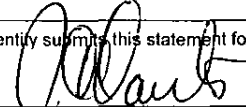
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 RODRIGUEZ, HERNANDO
 6758 NW 72 AVENUE
 MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name
 CANTERO, JUAN CARLOS
 Street Address (P.O. Box Number is Not Acceptable)
 10960 SW 115 STREET
 City
 MIAMI FL Zip Code
 33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  JUAN CARLOS CANTERO 4/3/2001
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, HERNANDO		NAME	VELAZQUEZ, PEDRO ALFONSO	
STREET ADDRESS	AV EL DORADO 84 A 55, INT 118		STREET ADDRESS	CALLE 155 No. 35-37	
CITY - ST - ZIP	SANTA FE DE BOGOTA CO		CITY - ST - ZIP	BOGOTA, COLOMBIA	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRIGA, THELYA F.		NAME	MARTINEZ, DORA LIGIA	
STREET ADDRESS	AV EL DORADO 84, A 55 INT 118		STREET ADDRESS	CALLE 155 No. 35-37	
CITY - ST - ZIP	SANTA FE DE BOGOTA CO		CITY - ST - ZIP	BOGOTA, COLOMBIA	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MONTOYA, JAIRO	
STREET ADDRESS			STREET ADDRESS	CARRERA 106 No. 15-25, BODEGA 84	
CITY - ST - ZIP			CITY - ST - ZIP	BOGOTA, COLOMBIA	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  PEDRO A. VELAZQUEZ 4/3/2001 305-888-4080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)