2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2004 8:00 am Secretary of State

DOCUMENT # P02000123625 1. Entity Name KRISMAR INTERNATIONAL INC.			07-13-2004 90001 013 ***150	0.00
e of Business	Mailing Address 3500 S.W. 104 AVE MIAMI, FL 33165		54062088	■I
face of Business	3. Mailing Address			
#, etc.	Suite, Apt. #, etc.		07062004 Chg-P CR2E034 (10/03)	
e	City & State		4. FEI Number Applied F 43-1983638 Not Appli	_
Country	Zip	, Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
	*****	Name		
AQUEL 104 AVE 33165		Street Address	ss (P.O. Box Number is Not Acceptable)	
, 1		City	FL Zip Code	
named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and ac	ccept
Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature requ	guired when reinstating) DATE	_]
LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees	722
OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P	☐ Delete	TITLE		- 1
LOPEZ, RAQUEL 3500 S.W. 104 AVE MIAMI, FL 33165		NAME STREET ADDRESS		ddition
11117 (1111) 1 2 3 3 1 3 3		CITY-ST-ZIP		
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	Country 6. Name and Address of Current AQUEL 104 AVE 33165 named entity submits this statement froms of registered agent. Signature, typed or printed name of registered agent. Country 6. Name and Address of Current AQUEL 104 AVE 33165 PEROWINI FEE IS \$550.00 COPPICERS AND PLOPEZ, RAQUEL	R INTERNATIONAL INC. a of Business A AVE 3500 S.W. 104 AVE MIAMI, FL 33165 Jace of Business A country City & State Country Zip 6. Name and Address of Current Registered Agent AQUEL 104 AVE 33165 AQUEL 104 AVE 33165 Inamed entity submits this statement for the purpose of changing its ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. NOTE LE NOWILL FEE IS \$550.00 Q. Election Campail Le by September 8, 2004 OFFICERS AND DIRECTORS P LOPEZ, RAQUEL Delete	RINTERNATIONAL INC. A of Business A AVE 3500 S.W. 104 AVE 3165 Mailing Address 3. Mailing Address Accord Business 3. Mailing Address City & State Country 2ip Country 5. Name and Address of Current Registered Agent Name AQUEL 104 AVE 33165 City City named entity submits this statement for the purpose of changing its registered office or regions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature received by September 8, 2004 OFFICERS AND DIRECTORS 11. TILE	Mailing Address A AVE 3500 S.W. 104 AVE MAMI, FL 33165 Suite, Apt. 4, etc. 07062004 ChgP CRZE034 (10/03) Country Zip Country S. Certificate of Status Desired Agent Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City & State Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accord or or or of the state of the state of the state of Florida. I am familiar with, and accord or or of the state of the state of Florida. I am familiar with, and accord or or of the state of Florida. I am familiar with, and accord or of the state of Florida. I am familiar with, and accord or of the state of Florida. I am familiar with, and accord or of the state of Florida. I am familiar with, and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida. I am familiar with and accord or of the state of Florida and the state of Florida. I am familiar with and accord or of the state of Florida and the state of

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/04

3052216397

Daytime Phone #

444aChme Nt WALT DISNEP World. 54062088 #P1200012362= 7/6/04 Florida Migr of State of Tallahassie Please hereby we are requesting on Corporations. nener receive