SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

1997 DEC -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P40521** **(7)**

1. Corporation Name
KRONBERG BROS., INC.

Principal Place of Business	Mailing Address
7 PHILIP PLACE. **NORTH HAVEN CT 06473-1695**	**7 PHILIP PLACE.** **NORTH HAVEN CT 06473-1695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1992**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **06-0868175** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEL CASTILLO, ADOLFO **CONCORD BLDG. #808** **66 WEST FLAGLER ST.,** **MIAMI FL 33130**	81 Name: DEL CASTILLO, ADOLFO 82 Street Address (P.O. Box Numbers Not Acceptable): STE 101 McCormick Bldg., 83 111 S.W. 3rd Street 84 City: Miami FL 85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Adolfo Castillo 11/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KRONBERG, DAVID L.		1.2 NAME	
STREET ADDRESS	60 TOWNSEND AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT		1.4 CITY-ST-ZIP	
TITLE	CS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KRONBERG, ANNE J.		2.2 NAME	
STREET ADDRESS	60 TOWNSEND AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KRONBERG, LOIS		3.2 NAME	
STREET ADDRESS	355 LENOX ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OLIVIERI, BRIAN M.		4.2 NAME	
STREET ADDRESS	1 MANSFIELD GROVE RD #10		4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST HAVEN CT		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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-12/05/97--01101--008
****750.00 ****750.00

REINSTATEMENT

CR2E034 (4/97)

14. I do 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 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: Kronberg Bros Inc Pres. OCT 30 97 203 234-5687