FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

'95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000001121 (0)

1. Corporate Name: KRYSTAL KLEAR IMAGES INC.

Principal Place of Business: PO BOX 451438 SUNRISE FL 33345-1438

Mailing Address: PO BOX 451438 SUNRISE FL 33345-1438

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1994

3a. Date of Last Report:

4. FEI Number: 65-0465120 — 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 / 2a. Mailing Address: 21, 22 Suite, Apt # etc., 23 City & State, 24 Zip, 25 Country; 26, 27, 28, 29, 30 Country

9. Name and Address of Current Registered Agent

WATERMAN, BRAD
3615 NW 121 AVE
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 ✓ Brad Waterman BRAD WATERMAN ✓ 5/5/95

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	BRAD WATERMAN
STREET ADDRESS	3615 NW 121 AVE
CITY-ST-ZIP	SUNRISE FL. 33323
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS: (blank; each entry with ☐ Change ☐ Addition)

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 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: ✓ Brad Waterman BRAD WATERMAN ✓5/5/95 (305) 7495768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0434887 FP