

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

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Jul 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000007406 (8)

1. Corporation Name  
KRS INVESTMENTS, INC.

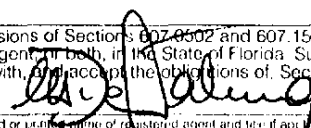


Principal Place of Business 9301 S.W. 93RD AVE. MIAMI FL 33176	Mailing Address 9301 S.W. 93RD AVE. MIAMI FL 33176-2063
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2. Principal Place of Business 21 2666 BRICKELL AVE. Suite, Apt. #, etc. 22 3RD FLOOR City & State 23 MIAMI, FL Zip 24 33129 Country 25 USA		2a. Mailing Address 26 2666 BRICKELL AVE. Suite, Apt. #, etc. 27 3RD FLOOR City & State 28 MIAMI, FL Zip 29 33129 Country 30 USA		3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report 03/04/1996
				4. F&T Number 59-2291981 NOT APPLICABLE	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOICHER, OSCAR 9301 S.W. 93RD AVE. MIAMI FL 33176		10. Name and Address of New Registered Agent 81 Name KALILI, JACOB 82 Street Address (P.O. Box Number is Not Acceptable) C/O FORTUNE/BRICKELL BAYVIEW 83 2666 BRICKELL AVE., 3RD FLOOR 84 City MIAMI FL 85 Zip Code 33129	
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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, in 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  6/24/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALILI, JACOB	1.2 NAME	
STREET ADDRESS	9301 S.W. 93RD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALILI, SILVIA	2.2 NAME	
STREET ADDRESS	9301 S.W. 93RD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 and changed, or on an attachment with an address.

SIGNATURE  6/24/97 301-557-2625

CR2E034 (9/96)