FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP -4 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000073347 (3)

1. Corporation Name

~~KRD MANAGEMENT COMPANY, INC.~~
CORPORATE OPERATIONS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2040 NORTHEAST 163RD STREET SUITE 307 NORTH MIAMI BEACH FL 33162	2040 NORTHEAST 163RD STREET SUITE 307 NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 09/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 290 N.W. 165th Street
Suite, Apt. #, etc.
22 Suite M500
City & State
23 Miami, FL 33169
Zip 24
Country 25

2a. Mailing Address
26 290 N.W. 165th Street
Suite, Apt. #, etc.
27 Suite M500
City & State
28 Miami, FL 33169
Zip 29
Country 30

4. FEI Number: 65-0627843 ☐ 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

9. Name and Address of Current Registered Agent

~~REDLICH BEATRIX~~
~~2100 NORTHWEST 49TH PLACE~~
~~CORAL SPRINGS FL 33067~~

10. Name and Address of New Registered Agent

81 Name: DALE REDLICH
82 Street Address (P.O. Box Number is Not Acceptable): 290 N.W. 165th Street
83 Suite M500
84 City: Miami FL 85 Zip Code: 33169

11. Pursuant to the provisions of Section 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: X (Signature of new registered agent, if changed, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S REDLICH, BEATRIX ~~2100 NORTHWEST 49TH PLACE~~ ~~CORAL SPRINGS FL 33067~~ ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P/S REDLICH, DALE 290 N.W. 165th Street - Ste. M500 Miami, FL 33169 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	600001975476--5 -10/15/96--01227--011 ****225.00 ****225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	mwB 9-12-96 ☐ 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)(k), 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: 7/12/96 (305) 940-1290

SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DALE REDLICH, PRESIDENT