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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mogham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Cerporation Name

P95000096132 (2)

KROME INVESTMENTS, INC.

FILED Mar 18, 1996 08:00 AM Secretary of State



Dronoma' Place	(5) -1	Mail no Addings				DANA MBAND NUNKU BIKUK U	
•	of Business	Mailing Address	. TOF				
300 COURVOI		300 COURVOISER CEI 501 BRICKELL KEY DI					
501 BRICKELL KEY DRIVE MIAMI FL 33131-2623		MIAMI FL 33131-2623			3. Date Incorporated or Qualified 12/20/1995 3e. Date of Last Report		
2. Principal Pla	ace of Business	28. Mailing Address			4. FEI Number	ע	Applied For
21		26					Not Applicable
Suite Apt 4	#, €tc.	Suite, Apt. #, etc.	,		5. Certificate of Status Desired	7	.75 Additional ee Required
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be doed to Fees
-3 <u>1</u> Ζω	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax unde	er s 199.032,
24	25	29	30		Florida Statutes	<b>☑</b> No	
<b>4</b>	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New R	egistered Agent	
			81	1 Name			
EFRON,	DAVID		82	2 Street Addi	ress (P.O. Box Number is Not Acceptable	le)	
300 COURVOISER CENTRE			Ĺ				
501 BRIO	CKELL KEY DRIVE		83	3			
MIAMI FI	L 33131-2623		84	4 City		85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu				ĺ		FL	
SIGNATURE.	Standard typed or printed name of regident OFFICER	ad agent are title Lappilitable (f)	NOTE: Registered Ag	ent signature require	ad when reasstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIREC	CTORS IN 12
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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 coth, that I am an officer or director of the conoration 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 37(shape of or option attachagent with an address.

SIGNATURE:

NATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/2/96 (305) #374 5508