

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

**FILED**

**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000054232 (9)**

1. Corporation Name  
**KRISTINA'S INTERNATIONAL CORPORATION**



Principal Place of Business: **820 N.E. 140TH ST. MIAMI FL**  
 Mailing Address: **820 N.E. 140TH ST. MIAMI FL 33161-3255**

3. Date Incorporated or Qualified: **06/25/1996**      3a. Date of Last Report

4. FEI Number: **65-0694145**      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: 21 State, Apt #, etc.; 22 City & State; 23 Zip; 24 Country

2a. Mailing Address: 26 State, Apt #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**LYNCH, FRANCISCA K**  
**444 BRICKELL AVENUE**  
**SUITE 212**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **A. Norman Drucker, Esq.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **801 N.E. 167th Street-Suite 308**  
 83 City: **North Miami Beach,**  
 84 City: **FL**      85 Zip Code: **33162**

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: *A. Norman Drucker*      **A. Norman Drucker Registered Agent 2/6/97**  
(NOTE: Registered Agent signature required when reappointing)      DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KRISTEV, KRISTO</b>	
STREET ADDRESS	<b>61 PATRIARCH EVTIMI BUL</b>	
CITY- ST- ZIP	<b>SOFIA BULGARIA</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>GROZANOVA, MONIKA</b>	
STREET ADDRESS	<b>820 N.E. 140TH ST.</b>	
CITY- ST- ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>Vice-President &amp; Director</b>	<input type="checkbox"/> DELETE
NAME	<b>GROZANOVA, RUMIANA</b>	
STREET ADDRESS	<b>820 N.E. 140th Street</b>	
CITY- ST- ZIP	<b>Miami, FL 33161</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Correct spelling of last name:</b>
2.3 STREET ADDRESS	<b>GROZANOVA, MONIKA</b>
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, as indicated, or on an attachment with an address.

SIGNATURE: *Monika Grozdanova*      **Monika Grozdanova-Secretary 2/6/97 (305) 899-0859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E034 (9/96)