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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000075692 (9)

KRISTY OF MIAMI CORPORATION

Principal Place of Business	Mailing Address
12805 SW 91 ST., STE. 205 MIAMI FL 33186	12605 SW 91 ST., STE. 20 Miami Fl 33186

FILED Apr 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1996 2. Principal Place of Business 2a. Mailing Address 65-0754336 Applied For 21 26 <u>Applied</u> for Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROUWER, IRAIDA 12605 SW 91 ST., STE. 205 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 City Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DΡ TITLE DELETE 1.1 HTLE Change Addition QUEORGUIEV, SLAMONIR Gueorquier, Slayouir NAME 1.2 NAME 12605 SW 91 ST., STE, 205 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITL€ **GUEORGUIEV. MARION** 2.2 NAME 12605 SW 91 ST., STE. 205 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TALE 6.1 TITLE NAME 6.2 NAME

14. I 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 armual 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

Slavoura Comeagnier 15.04.1498

32E034