

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**  
02-24-2000 90049 003 \*\*\*150.00

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EO 12812-2



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000041061

1. Entity Name

KRISTGIL INVESTMENT CORP.

Principal Place of Business

8221 SW 90 ST.  
MIAMI FL 33134

Mailing Address

8221 SW 90 ST.  
MIAMI FL 33156-7337

2. Principal Place of Business

6950 SW 77 Ave.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0849253

Applied For

Not Applicable

5. Certificate of Status Desired

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8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE  
1313 PONCE DE LEON BLVD  
STE 301  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so, (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

GILBERTO IZQUIERDO PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #