

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90176 017 ***150.00

DOCUMENT # P98000065098

1. Corporation Name
KRIS INTERNATIONAL INC.

Principal Place of Business
PO BOX 011979
MIAMI FL 33101

Mailing Address
PO BOX 011979
MIAMI FL 33101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/22/1998

4. FEI Number

65-0883457

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

KRISTOFER, GRAY
390 NW 2ND ST SUITE 311
MIAMI FL 33128

81 Name

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

83

84 City

FL

85 Zip Code

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]

3/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President & CEO P/C ☒ DELETE
NAME KRISTOFER A. GRAY
STREET ADDRESS 390 NW 2nd St Suite 311
CITY-ST-ZIP Miami FL 33128

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President & CEO (P) P/C ☒ Change ☐ Addition
1.2 NAME ALBERT JAMES DONALDSON JR.
1.3 STREET ADDRESS P.O. Box 011979
1.4 CITY-ST-ZIP Miami FL 33101

2.1 TITLE Vice President (V) ☒ Change ☐ Addition
2.2 NAME KHALIA ANN DONALDSON
2.3 STREET ADDRESS P.O. Box 011979
2.4 CITY-ST-ZIP Miami FL 33101

3.1 TITLE T/S ☒ Change ☐ Addition
3.2 NAME MAVIS DONALDSON
3.3 STREET ADDRESS P.O. Box 011979
3.4 CITY-ST-ZIP Miami FL 33101

4.1 TITLE M. ☒ Change ☐ Addition
4.2 NAME ALBERT JAMES DONALDSON SR.
4.3 STREET ADDRESS P.O. Box 011979
4.4 CITY-ST-ZIP Miami FL 33101

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99 (305) 371-4452
Date Daytime Phone #

CR2E034 (11/98)

0000070