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**

May 05, 1999 8:00 am Secretary of State

05-05-1999 90084 012 ***150.00

			
DOCUMENT	# P980	000100	1299

1. Corporation Name

KRS REA	LTY CO.			1 (201) 000 100 100 10111 00111 00111 00111 0012 11011 00111 00112 10110
Principal Place	e of Business	Mailing Address		
3250 MATILDA S	TREET	3250 MATILDA STREET		
UNIT B		UNIT B		DO NOT WRITE IN THIS SPACE
MIAMI FL 33133		MIAMI FL 33133		3. Date Incorporated or Qualifed
				11/25/1998
2 Oringinal Di	face of Business	2a. Mailing Address		4. FEI Number Applied For
	ace of business	26 P.O. BO	x 430695	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$8.75 Additional
22	•	27		5. Certificate of Status Desired Fee Required
City & State	e	City & State	,	6. Election Campaign Financing \$5.00 May Be
23		28 MAMIF	<u></u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 33243 3	O USA	Personal Property Tax. Yes No
·	9. Name and Address of Currer	nt Registered Agent	81 Name -	10. Name and Address of New Registered Agent
CDAN	IADO, RAFAEL E		81 Name	John Pereda
	S.W. 77TH AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)
SUITE			83 30	SO MINION SINCE
	I FL 33156		()	UIT B
iyil/uri	11 6 55 150		84 City	20 24 1 2 C40) 10 FL 85 Zip Code 3 3 3 3
	- 1	D and EO7 1509 Clasida Statutos	the above named corn	ocation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida Such change was aut	horized by the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of Section 607 0505, Florid	la Statutes.	A 1/-> 5-GC
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating) A 4-25-GC DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
	PEREDA, JOHN		1.2 NAME	
	3250 MATILDA STREET, UNIT E	3	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133		1.4 City-St-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CiTY-ST-ZIP			3 4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE]	□ nere1e	5.1 TITLE 5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE NAME		C Occes	6.2 NAME	
	1			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filips 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 supplementation 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 fustee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

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