FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S12592** **(9)**

1. Corporation Name
KRISTAL INVESTMENTS, INC.

Principal Place of Business
1550 MADRUGA AVE
STE 120
CORAL GABLES FL 33146

Mailing Address
1550 MADRUGA AVE
STE 120
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: **11/13/1990**
3a. Date of Last Report: **03/24/1995**

4. FEI Number: **65-0236985** [ ] 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

9. **Name and Address of Current Registered Agent**
MCCLASKEY, ROBERT M. JR
1550 MADRUGA AVE
STE 120
CORAL GABLES FL 33146

10. **Name and Address of New Registered Agent**
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 of a Director or Officer (required if a corporate registered agent) — Printed Name of Signing Officer — Date

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: MCCLASKEY, ROBERT M. JR
STREET ADDRESS: 1550 MADRUGA AVE #120
CITY-ST-ZIP: CORAL GABLES FL
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[ ] Change [ ] Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[ ] Change [ ] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[ ] Change [ ] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[ ] Change [ ] Addition

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any address.

SIGNATURE: Robert M. McClaskey Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96
Date

305 661-4600
Daytime Phone #

CR2E034 (12/95)