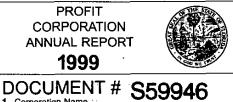
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90066 040 ***150.00

THE KRUGUER CORPORATION Mailing Address Principal Place of Business 648 PALERMO AVE 648 PALERMO AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/12/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-02718<u>03</u> 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired المنافية المنافية المعالية المنافية الم Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □ No Yes 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRUGUER, LAWRENCE D. Street Address (P.O. Box Number is Not Acceptable) 82 648 PALERMO AVE CORAL GABLES FL 33134 84 85 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition ☐ Change PTD □ DELETE 1.1 TITLE TITLE KRUGUER, LAWRENCE D 1.2 NAME NAME 648 PALERMO AVE 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE ΠLE KRUGUER, JAN W 2.2 NAME NAME 648 PALERMO AVE 2.3 STREET ADDRESS STREET ADORESS **CORAL GABLES FL 33134** 2.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition M DELETE 3.1 TITLE TILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TILE. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)