


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

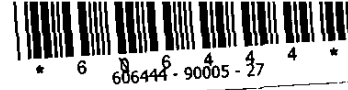
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005344 ✓

1. Corporation Name
NOSTOS, INC.

Principal Place of Business 4801 SW 74 TERRACE MIAMI FL 33143	Mailing Address 4801 SW 74 TERRACE MIAMI FL 33143
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0705524
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SACHER, CHARLES P
 2655 LEJEUNE ROAD STE 1101
 CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEFKAROS, KYRIACOS	1.2 NAME	
STREET ADDRESS	4801 SW 74 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRAKIS, APRODITE	2.2 NAME	
STREET ADDRESS	6647 TERREGA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVIRDES, VASSILIS	3.2 NAME	
STREET ADDRESS	239 SW 29 ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARALAMBIDES, JOHN	4.2 NAME	
STREET ADDRESS	901 N VENETIAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONOCANDILOS, DORA	5.2 NAME	
STREET ADDRESS	9376 GALLIARDO ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GALBES FL 33156	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMBOURAKIS, MICHAEL	6.2 NAME	
STREET ADDRESS	11900 SW 98 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	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 617, 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 REQUIRED PEFKAROS 8/14/99 305 8546700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)