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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1997 | 90 10 10 | DITIOIS TO | | |
|------------|-------------|------------|--|--|
| DOCUMENT # | P9500003003 | 1 (5) | | |

| rincipal Place of Business | Mailing Address | | | |
|---|--------------------------------------|--|--|--|
| 115 SE 2ND ST. 2ND FLOOR MIAMI FL 33131 | PO BOX 110239 MIAMI FL 33111-0239 | | | |

FILED Apr 10 1997 8:00am Secretary of State

| | | Mailing Address PO BOX 110239 MIAMI FL 33111-0239 | | | | | | | |
|------------------------|---|---|--------------------------|-------------------|-------------------|---|--------------------|----------------------|--------------|
| | | | | | | 3- Date Incorporated or Qualified 04/18/1995 | | of Last Re 2/1996 | eport |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | 1 01/0 | | plied For |
| 21 | | 26 | | | ···· | 65-0602754 | | | t Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & Sta | de | City & State | | | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | | 28 | , | | ÷1/2017 | Trust Fund Contribution | | Added I | |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation has liability for | | ax efiders. No | 199.032 |
| 24 | 25 9. Name and Address of Currer | 29 29 Agent | 30 | | | Florida Statutes 10. Name and Address of New Re | | | |
| DE | MOS. ANGELO P | | | 81 | Name | | V | | ····· |
| | 5 SE 2ND ST. | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptat | ole) | | |
| | D FLOOR | | | | | | · | | |
| j MIA | AMI FL 33131 | | | 83 | | | | | |
| | | | | 84 | City | | FL | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statut | es, the at | bove-r | amed corp | oration submits this statement for the | | hanging it | s registered |
| office or agent 1: | registered agent, or both, in the State am familiar with, and accept the oblig | of Florida. Such change was a ations of, Section 607.0505, Flo | authorizeo orida Stat | d by th lutes. | ne corporati | oration submits this statement for the poor to be come to be some the comment of directors. I hereby acce | pt the appo | intment as | registered |
| SIGNATURE | | | | | | | | | |
| 12. | Signature, typed or ported name of registered age | ent and title if applicable. (NOT D DIRECTORS | E: Registered | Agent | signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE SERS AND I | DIRECTOR | S IN 12 |
| Title | VP OFFICER OF AN | DELETE | 1.1 TF | 7LE | | ADDITIONATION OF THE | | Change | Addition |
| NAME | TZORTZAKIS, MARIA | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | | | 1.3 \$1 | reet ad | ORESS | | | | |
| CITY - ST - ZIP | MIAMI FL 33131 | Dr. exe | | TY-ST- | ZIP | | | 70 | - 1 A 4 49 h |
| THE LAND | VP Tzortzakis, nikos | ☐ DELETE | 2.1 10 | | | | ι | Change | Addition |
| NAME STREET ADDRESS | ALE OF OUR OF | | 2.2 NA 2.3 ST | AME REET AC | 22380 | | | | |
| CITY-\$1-ZIF | MIAMI FL 33131 | | 1 | ITY-ST- | | | | | |
| TOTALE | DPAS | DELETE | 3.1 TI | | | | | Change | Addition |
| NAME | CONSTANTINO, TEODORO | | 3.2 NA | M E | | | | | |
| STREET ADDRESS | 1 | | | reet ac | | | | | |
| CITY-ST-7IP | MIAMI FL 33131 DVAS | DELETE | 3 4. C | (TY - ST - | ZIP | | | Change | Addition |
| NAME | CONSTANTINO, ALICIA | - Settin | 4.2 N | | | | | | |
| STREET ADDRESS | ALE OF OUR OT | | | TREET AL | DRESS | | | | |
| C(TY - \$1 - 7)P | MIAMI FL 33131 | | 4.4 CI | TY-ST- | ZIP | | | | |
| TITLE | VP | ☐ DELETE | 5.1 10 | | | | | Change | ☐ Addition |
| NAME | CONSTANTINO, PANAYOTIS | | 5.2 N/ | | | | | | |
| STREET ADDRESS | 115 SE 2ND ST. MIAMI FL 33131 | | 1 | TREET AL | (| | | | } |
| CITY ST-ZIP | S S | DELETE | 5.4 CI 6.1 TI | TY-ST- | LIF | | | Change | Addition |
| NAME | GOVANTES, CARLOS | Marent - ware to | 6.2 N/ | | 1 | | • | 0 - | |
| STREET ADDRESS | AAR OF OND OT | | | TREET AC | DRESS | | | | J |
| CITY: SI - 7/2 | MIAMI FL 33131 | | 64 CI | TY-ST- | ZIP | | | | |

I do 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 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.

Daytime Phone #