

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005344

Entity Name: NOSTOS, INC.

**Current Principal Place of Business:**

2929 SW 3RD AVENUE  
SUITE 614  
MIAMI, FL 33129

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC9441096527**

**Current Mailing Address:**

2929 SW 3RD AVENUE  
SUITE 614  
MIAMI, FL 33129 US

**FEI Number: 65-0705524**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAVRIDIS, VASSILIOS  
2929 SW 3RD AVENUE  
SUITE 614  
MIAMI, FL 33129 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: VASSILIOS MAVRIDIS

03/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ALEXANDRAKIS, PLATON  
Address 2929 SW 3 AVE SUITE 614  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name KASSELAKIS, ANGIE  
Address 2929 SW 3 AVE  
SUITE 614  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name CABRERA, ANA  
Address 1801 SW 3RD AVE.  
SUITE 200  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name GANTZIOS, PETROS  
Address 2929 SW 3 AVE  
SUITE 614  
City-State-Zip: MIAMI FL 33129

Title PD  
Name MAVRIDIS, VASSILIS  
Address 2929 SW 3RD AVE. SUITE 614  
City-State-Zip: MIAMI FL 33129

Title VD  
Name MONOCANDILOS, NICK  
Address 2929 SW 3RD AVE SUITE 614  
City-State-Zip: MIAMI FL 33129

Title TD  
Name MOUTSATSOS, VILMA  
Address 2929 SW 3RD AVE SUITE 614  
City-State-Zip: MIAMI FL 33129

Title SD  
Name MPOGIATZIS, NIRIA  
Address 2929 SW 3RD AVE SUITE 614  
City-State-Zip: MIAMI FL 33129

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: VASSILIS MAVRIDIS

PRESIDENT

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name PSONI, MARIA  
Address 2929 SW 3 AVE SUITE 614  
City-State-Zip: MIAMI FL 33129

Title D  
Name GLEODIS, NIKI  
Address 2929 SW 3 AVE SUITE 614  
City-State-Zip: MIAMI FL 33129