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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 515911

(6)

1. Corporation Name

SPIROS, INC.



Principal Place of Business

3330 NORTHEAST 33RD STREET
FT. LAUDERDALE FL 33308

Mailing Address

3330 NORTHEAST 33RD STREET
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

ARABATZIS, ALEXANDRA
3330 N.E. 33RD STREET
FT. LAUDERDALE FL 33308

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 607.0802 and 607.0805, Florida Statutes, the above named corporation is 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 607.0805, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation or registered agent

Signature of the Agent for the corporation or registered agent

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	ARABATZIS, SPIROS	☐ DELETE
NAME		3330 N.E. 33RD ST.	
STREET ADDRESS		FT. LAUDERDALE FL	
CITY, ST, ZIP			
TITLE	ST	ARABATZIS, ALEXANDRA	☐ DELETE
NAME		3330 N.E. 33RD ST.	
STREET ADDRESS		FT. LAUDERDALE FL	
CITY, ST, ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 supplement 2 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 registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, if or on behalf of myself with a will.

SIGNATURE: *A. Arabatzis* - A. ARABATZIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 561-5393
Telephone Number

CR2E034 (12/95)