

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K32019

(7)

Corporation Name

LAMBIK, INC.



Principal Place of Business

Mailing Address

% JOHN A. HARALAMBIDES CPA
3135 SW 3 AVE
MIAMI FL 33129

% JOHN A. HARALAMBIDES CPA
3135 SW 3 AVE
MIAMI FL 33129

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

03/28/1995

4. FEI Number

52-1544174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARALAMBIDES, JOHN A. CPA
3135 SW 3 AVE
MIAMI FL 33129

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 607.0502 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	LYMBEROPULOS, GEORGIOS	
3. STREET ADDRESS	% 3135 SW 3 AVE	
4. CITY-STATE-ZIP	MIAMI FL	
5. TITLE	STD	☐ DELETE
6. NAME	TAQUIS, EUSTACIO	
7. STREET ADDRESS	% 3135 SW 3 AVE	
8. CITY-STATE-ZIP	MIAMI FL	
9. TITLE	VD	☐ DELETE
10. NAME	TAQUIS, FOTIS	
11. STREET ADDRESS	% 3135 SW 3 AVE	
12. CITY-STATE-ZIP	MIAMI FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

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

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***200.00

12. 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 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.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

FOTIS TAQUIS, V.P.

5/28/96

DATE