*	PROFIT	AFTER MAY 1ST IS		¬ FILED
COF	PROFILE RPORATION JAL REPORT	Sandra B.	TMENT OF STATE • Mortfam y of Stab	Jan 28 1998 8:00am
	1998			Secretary of State
DOCU 1. Corporation	MENT # K7457	0 (8)		
SIX V, (CORP.			
Principal Place 1000 ALTON F		Mailing Address 4000 ALTON RD		, teananti mil namite menanti altiti namite sesti almiti mimite menote almiti menita al alti
MIAMI BEACH		MIAMI BEACH FL 33140		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 03/22/1989
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		65-0126860 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
22 City & State	9	27 City & State		6. Election Campaign Financing \$5.00 May Be
23		28 Zip	Courtes	Trust Fund Contribution Added to Fees
Zip 24	Country 25	29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
VOI	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
VOUTSINAS, SPIROS 4000 ALTON RD			82 Street Add	ress (P.O. Box Number is Not Acceptable)
MA	MI BEACH FL 33140		83	
			84 City	
11 Burevent t	to the provisions of Sections 607.050	30 and 607 1509 Elected Statute		
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida, Such change was at ations of, Section 607.0505, Flor	s, the above-named corp uthorized by the corpora rida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requi	Doration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age			Doration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS AN DPS VOUTSINAS, TASSOS	ent and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature requi	Doration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS AN DPS VOUTSINAS, TASSOS 4000 ALTON RD	ent and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Doration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE 12. TITLE NAME STREET ADORESS CITY - ST - ZIP	Signature: typed or printed name of registered age OFFICERS AN DPS VOUTSINAS, TASSOS 4000 ALTON RD MIAMI BEACH FL DVS	ent and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature regul 13. 1.7 TITLE 1.2 NAME	PL
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME	Signature: typed or printed name of registered age OFFICERS AN DPS VOUTSINAS, TASSOS 4000 ALTON RD MIAMI BEACH FL DVS VOUTSINAS, SPIROS	ent and tille if applicable. (NOTE: ID DIRECTORS	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	PL Doration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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