


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90008 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L51847** ✓  
1. Corporation Name

**Korinthos, Inc.**

Principal Place of Business <b>6281 Powerline Rd. Ft. Lauderdale, FL 33309</b>	Mailing Address <b>6281 Powerline Rd Ft. Lauderdale, FL 33309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6251 Powerline Rd</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ft. Lauderdale FL</b> Zip Country 24 <b>33309 USA</b>	2a. Mailing Address 25 <b>6251 Powerline Rd</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ft. Lauderdale FL</b> Zip Country 29 <b>33309 USA</b>	3. Date Incorporated or Qualified <b>2-19-90</b>	4. FEI Number <b>65-0188357</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D Tsaliamanis, Peter</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D Nasir Ali Khan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6251 Powerline Rd.</b>	1.2 NAME	<b>6251 Powerline Rd</b>
STREET ADDRESS	<b>Ft. Lauderdale, FL 33309</b>	1.3 STREET ADDRESS	<b>Ft Lauderdale, FL 33309</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>D Tsakanihas, Dimitrios</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>6251 Powerline Rd</b>	2.2 NAME	
STREET ADDRESS	<b>Ft. Lauderdale, FL 33309</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-29-99**

CR2E034 (5/98)