

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L85435** (0)
1. Corporation Name
KARDARITSI, INC.



Principal Place of Business: **15725 S DIXIE HWY MIAMI FL 33157**
Mailing Address: **15725 S DIXIE HWY MIAMI FL 33157**

3. Date Incorporated or Qualified: **06/20/1990**
3a. Date of Last Report: **05/01/1995**
4. FLI Number: **65-0228201**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**POLATNICK, STEVE, ESQ.
10691 KENDALL DR
SUITE 101
MIAMI FL 33176**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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)

(Print) Registered Agent Signature (typed or printed name and title)

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: DELETE
NAME: **DPS POULOS, GUS**
STREET ADDRESS: **13996 SW 90 AVE #BB212**
CITY- ST- ZIP: **MIAMI FL**
1.2 TITLE: DELETE
NAME: **DVT GRITZIAS, PANAGIOTIS**
STREET ADDRESS: **8500 SW 212 ST. #210**
CITY- ST- ZIP: **MIAMI FL**
1.3 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
1.4 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
1.5 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
NAME: **DVS POULOS, GUS**
STREET ADDRESS: **15725 S. DIXIE HWY**
CITY- ST- ZIP: **S. MIAMI FL**
2.1 TITLE: Change Addition
NAME: **DPT GRITZIAS, PANAGIOTIS**
STREET ADDRESS: **15725 S. DIXIE HWY**
CITY- ST- ZIP: **MIAMI, FL**
3.1 TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
4.1 TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
5.1 TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
6.1 TITLE: Change Addition
NAME:
STREET ADDRESS:
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 Sect on 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 authorized or 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

4-2-96 305-252-2300
Date Date Filed

CR2E034 (12/95)