## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT**  CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M95506

1. Corporation Name

KOSTALEX INVESTMENTS LTD., INC.

Principal Place of Business		Mailing Address				, 1123,201, 113, 213, 213, 213, 213, 213, 213, 21			
% JOHN C. SCURTIS		% JOHN C. SCURTIS							
701 NE 2ND AVENUE		701 NE 2ND AVENUE				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33132		MIAMI FL 33132				3. Date Incorporated or Qualifed			
						08/22/1988	•		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T Ap	plied For -	
2. 1 miorpai i	1000 01 50311033	26				74-2039683	No	t Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				و الرابعية المستوالية	\$8.757	Additional	
2	.,	27				5. Certifcate of Status Desired	· Fee Re	equired	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
3		28				Trust Fund Contribution Added to Fees			
Žip	Country	Zip	Cou	ntry		8. This corporation owes the current year In	tangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent		
				81 Name	-	الم المسيي		<u> </u>	
SCURTIS, JOHN C.				82 Street	Addres	ss (P.O. Box Number is Not Accentable)		il.	
	NE 2ND AVENUE				<u>;</u> = -	ر الله الله الله الله الله الله الله الل	<u> </u>	17.	
MIAIM	MI FL 33132			83	•	~	•		
				84 City			85 Zin (	Code	
				-		ration submits this statement for the purpose o	ž.	<u></u>	
SIGNATURE	alghature type or see name of registered ager	T ç vitle if applicable. [1901]	: Registered	Agent signature	required v	when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	-)	ORS IN 12	
TITLE	D/	X DELETE	1.1 77	TLE		1000	Change	Addition	
NAME	PAPASAKELARIOU,ALEJANDRO	, ,	1.2 N	ME.	PAI	PASAKELARIOU, CONSTANTING	)		
STREET ADDRESS	******************	-	1.3 ST	REET ADDRESS		DRICES A IBARRAS NO. 4	•		
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CITY-ST-ZIP			4,4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	5.1 TI	ΠE			Change	☐ Addition	
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STREET ADDRESS			5.3 \$	REET ADDRESS	-				
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 Ti	TLE			☐ Change	☐ Addition	
NAME			6.2 N	AME			٠,	}	
PERFET ANDOCCO	1		6.3 S	TREET ADDRESS	1			\	

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 seef 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 op an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90228 002 \*\*\*150.00