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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 FEB -6 PM 12:18

DOCUMENT # N06111 (1)

1. Corporation Name

HELLENIC CULTURAL AND EDUCATIONAL FOUNDATION, IN C.

Principal Place of Business	Mailing Address
MICHAEL T. KAMBOUR 11900 S.W. 94 CRT MIAMI FL 33176 US	MICHAEL T. KAMBOUR 11900 S.W. 94 CRT MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1984
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2501361 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 901 N. VENETIAN DR	25 901 N. VENETIAN DR
Suite, Apt. #, etc. 22 C/O J.A. HARALAMBIDES	Suite, Apt. #, etc. 27 C/O J.A. HARALAMBIDES
City & State 23 MIAMI	City & State 28 MIAMI, FL
Zip 24 33139 Country 25 DADE	Zip 29 33139 Country 30 DADE

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAMBOUR, MICHAEL T 11900 S.W. 94CRT MIAMI FL 33176	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	KAMBOUR, MICHAEL T	1.2 NAME	APHRODITE ALEXANDRAKIS
STREET ADDRESS	11900 SW 94TH CT	1.3 STREET ADDRESS	6647 TARREGA ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES FL. 33146
TITLE	VD	2.1 TITLE	DIRECTOR & VICE/PRES ☒ Change ☐ Addition
NAME	ALEXANDRAKIS, DR. APHRODITE	2.2 NAME	DORA MOUDCANDILES
STREET ADDRESS	6647 TARREGA ST	2.3 STREET ADDRESS	9501 CARRIGO ST
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	TD	3.1 TITLE	TREASURER & DIRECTOR ☒ Change ☐ Addition
NAME	ZAFIRIS, DESPINA	3.2 NAME	JOHN A. HARALAMBIDES
STREET ADDRESS	114 W RIVO ALTO DR	3.3 STREET ADDRESS	901 N. VENETIAN DR.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI FL. 33139
TITLE	SD	4.1 TITLE	SECRETARY - DIR. ☒ Change ☐ Addition
NAME	HARALAMBIDES, JOHN A	4.2 NAME	LINA PLATON
STREET ADDRESS	901 N. VENETIAN DRIVE	4.3 STREET ADDRESS	11549 B SW 109 RD.
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	MIAMI, FL. 331
TITLE	A	5.1 TITLE	☐ Change ☐ Addition
NAME	ANTONIADIS, FOTINI	5.2 NAME	
STREET ADDRESS	3531 W. FAIRVIEW ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	M	6.1 TITLE	☐ Change ☐ Addition
NAME	PLATON, LINA	6.2 NAME	
STREET ADDRESS	11549 B SW 109 RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/26/95 (305) 374-2705
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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