

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N19015** (9)

1. Corporation Name

AHEPA 421, INC.

Principal Place of Business

Mailing Address

**350 N.E. 141ST ST.
MIAMI FL 33161**

**350 N.E. 141ST ST.
MIAMI FL 33161**

FILED

96 SEP 30 PM 5:41



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

02/28/1995

4. FEI Number

59-2842462

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

10. Name and Address of New Registered Agent

**DEMOS, ANGELO P.
100 N. BISCAYNE BLVD., S-801
MIAMI FL 33132**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **P** ☐ DELETE

NAME **VALAVANIS, CHRIS**
STREET ADDRESS **20760 NW 1ST COURT**
CITY-ST-ZIP **PEMBROKE PINES FL**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **MIKE CHADIS**
1.3 STREET ADDRESS **5721 HANCOCK ROAD**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33330**

TITLE **VP** ☐ DELETE

NAME **PAGANAKIS, ANTHONY**
STREET ADDRESS **955 NE 135TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

2.2 NAME **SPIRO ALEX**
2.3 STREET ADDRESS **6231 SW 180TH AVENUE**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33332**

TITLE **T** ☐ DELETE

NAME **ANDAMASARIS, GEORGE**
STREET ADDRESS **350 NE 141ST ST, 303**
CITY-ST-ZIP **N MIAMI FL**

3.1 TITLE **800001976858** ☐ Change ☐ Addition

3.2 NAME **-10/16/96--01055--006**
3.3 STREET ADDRESS *******61.25 *****61.25**
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE

NAME **KARAYEANES, PETER**
STREET ADDRESS **8790 NW 13TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **MARIKOS, DINO**
STREET ADDRESS **101 NW 135TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL**

5.1 TITLE *file directly* ☐ Change ☐ Addition

5.2 NAME *MWB*
5.3 STREET ADDRESS *10-14-96*
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **POULOS, EMANUEL**
STREET ADDRESS **11390 NW 15TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000024

CR2E037 (3/96)