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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	01/30/1987
4. FEI Number	59-2842462
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DEMOS, ANGELO P. 100 N. BISCAYNE BLVD., S-801 MIAMI FL 33132	

10. Name and Address of New Registered Agent	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P VALAVANIS, CHRIS
STREET ADDRESS	20760 NW 1ST COURT
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP PAGANAKIS, ANTHONY
STREET ADDRESS	855 NE 135TH STREET
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	T ANDAMASARIS, GEORGE
STREET ADDRESS	350 NE 141ST ST, 303
CITY-ST-ZIP	N MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	S KARAYEANES, PETER
STREET ADDRESS	8790 NW 13TH STREET
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MARIKOS, DINO
STREET ADDRESS	101 NW 135TH STREET
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D POULOS, EMANUEL
STREET ADDRESS	11390 NW 15TH COURT
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR
1.3 STREET ADDRESS	MICHAEL CHIADIS
1.4 CITY-ST-ZIP	1024 JOHNSON ST HOLLYWOOD FL 33019
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	ANGELO VALAVANIS
2.4 CITY-ST-ZIP	1201 NE 199 ST N MIAMI FL 33179
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

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