

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19015 ✓

1. Corporation Name

AHEPA 421, INC.

Principal Place of Business

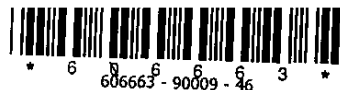
350 N.E. 141ST ST.  
MIAMI FL 33161

Mailing Address

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

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90009 046 \*\*\*\*61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/30/1987

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
CHIADIS, MICHAEL  
STREET ADDRESS  
1024 JOHNSON ST  
CITY-ST-ZIP  
HOLLYWOOD FL 33019

TITLE ☐ DELETE

NAME  
D  
VALAVANIS, ANGELO  
STREET ADDRESS  
1201 NE 199 ST  
CITY-ST-ZIP  
N. MIAMI FL 33179

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V.P./D.  
(Vice President)

President.  
Chris Valavanis  
20760 NW 1st Court  
Pembroke Pines FL 33029

T & D  
Poulos, Emanuel  
11390 NW 15th Court  
Pembroke Pines FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
ANGELO VALAVANIS

Date 8/1/99 3056900106

CR2E037 (5/99)