

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P14710 (8)**
1. Corporation Name
CHANDRIS, INC.



Principal Place of Business: **5200 BLUE LAGOON DR. MIAMI FL 33126**
Mailing Address: **5200 BLUE LAGOON DR. MIAMI FL 33126**

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

| | | | |
|----|--|--|---------------------------------------|
| 3. | Date Incorporated or Qualified | 3a. | Date of Last Report |
| | 06/04/1987 | | 06/27/1995 |
| 4. | FET Number | Applied For | |
| | 13-2792349 | <input type="checkbox"/> Not Applicable | |
| 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 |
| 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**KAPETANAKOS, V.D.
5200 BLUE LAGOON DRIVE
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name: **V.D. KAPETANAKOS**
82 Street Address (P.O. Box Number is Not Acceptable): **5200 BLUE LAGOON DR.**
83 City: **MIAMI** FL 85 Zip Code: **33126**

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 607.0105, Florida Statutes.

SIGNATURE: *[Signature]*
Signature of principal officer, registered agent, or authorized officer of the corporation (If the Registered Agent signature is required when not stated)

DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | V <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SASSO, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 4770 BISCAYNE BLVD. | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 1.4 CITY- ST- ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAPETANAKOS, V.D. | 2.2 NAME | |
| STREET ADDRESS | 5200 BLUE LAGOON DR | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 2.4 CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARALAMBOPOULOS, H.A. | 3.2 NAME | |
| STREET ADDRESS | 900 THIRD AVENUE | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 3.4 CITY- ST- ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANGAS, EMANUEL | 4.2 NAME | |
| STREET ADDRESS | 5200 BLUE LAGOON DR | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 4.4 CITY- ST- ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIRST, MENDEZ C | 5.2 NAME | |
| STREET ADDRESS | 5200 BLUE LAGOON DR | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | V <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SASSO, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 4770 BISCAYNE BLVD. | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 1.4 CITY- ST- ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAPETANAKOS, V.D. | 2.2 NAME | |
| STREET ADDRESS | 5200 BLUE LAGOON DR | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 2.4 CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARALAMBOPOULOS, H.A. | 3.2 NAME | |
| STREET ADDRESS | 900 THIRD AVENUE | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 3.4 CITY- ST- ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANGAS, EMANUEL | 4.2 NAME | |
| STREET ADDRESS | 5200 BLUE LAGOON DR | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 4.4 CITY- ST- ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIRST, MENDEZ C | 5.2 NAME | |
| STREET ADDRESS | 5200 BLUE LAGOON DR | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)