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 # **P93000025435 (7)**

1. Corporation Name
ARISTOS INTERNATIONAL, INC.

Principal Place of Business
~~1857 WACASSASSA ST.~~
~~TARPON SPRINGS FL 34689~~

Mailing Address
~~1857 WACASSASSA ST.~~
~~TARPON SPRINGS FL 34689~~

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 22550 N. US. Hwy 441
Suite, Apt. #, etc.
22
City & State
23 MICANOPY, FL
Zip
24 32667
Country
25

2a. Mailing Address
26 22550 N. US. Hwy 441
Suite, Apt. #, etc.
27
City & State
28 MICANOPY, FL
Zip
29 32667
Country
30

4. FEI Number: 59-3184158 ☐ 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

9. **Name and Address of Current Registered Agent**

ARVANITIS, JAMES G
~~1857 WACASSASSA ST~~
~~TARPON SPRINGS FL 34689~~

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 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	DPT	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	ARVANITIS, JAMES G		1.2 NAME		
STREET ADDRESS	1857 WACASSASSA ST.		1.3 STREET ADDRESS	22550 N. US-Hwy 441	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	MICANOPY, FL 32667	
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	MARKOPOULOS, ANDREW		2.2 NAME		
STREET ADDRESS	3385 CHEVERLY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ABINGDON MD		2.4 CITY-ST-ZIP	ZIP CODE 21009	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: Andrew Markopoulos ANDREW MARKOPOULOS 4/26/96 410-569-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)