

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000026938			
1. Corporation Name LICON, CORP.			
Principal Place of Business 5230 SW 76TH ST, MIAMI FL 33143		Mailing Address 5230 S.W. 76TH ST. MIAMI, FL 33143	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 04/09/1993		3a. Date of Last Report 02/25/97	
4. FEI Number 65-0404594		Applied For 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CHARALAMBOS VORDOKAS 5230 SW 76TH ST MIAMI, FL. 33143		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: <i>[Signature]</i> DATE: 4/29/98			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP PVST CHARALAMBOS VORDOKAS 5230 SW 76TH ST MIAMI, FL 33143 <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PVS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DIMITRIOS LIONOUDAKIS 1.3 STREET ADDRESS 5230 SW 76TH ST 1.4 CITY - ST - ZIP MIAMI, FL 33143 2.1 TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME CHARALAMBOS VORDOKAS 2.3 STREET ADDRESS 5230 SW 76TH ST. 2.4 CITY - ST - ZIP MIAMI FL 33143 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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>[Signature]</i> DATE: 4/29/98 305-9947992		10000252281 <input type="checkbox"/> Change <input type="checkbox"/> Addition -05/13/98--01025--043 ***165.00	

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