

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 31 PM 1:26

DOCUMENT # **PA40000686994**

TALLAHASSEE, FLORIDA

Greek American Tele-Press Network, Inc.

Principal Office Address: **1100 BelAire Drive East
Pembroke Pines, FL 33027**
Mailing Address: **SAME**

000001504290
-06/02/95--01018--022
******225.00 ****225.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **November 25, 1994** 3a. Date of Last Report: **N/A**

4. FE Number: **65-0547218** Applies For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for corporate tax under 25-1993 (C): ☐ Yes ☒ No
Florida Statutes: ☐ Yes ☒ No

2. Principal Office of Corporation: **same as above** 2a. Mailing Address: **same as above**
21. State: **FL** 26. State: **FL**
22. City & State: **FL** 27. City & State: **FL**
23. City: **FL** 28. City: **FL**
24. City: **FL** 25. City: **FL** 29. City: **FL** 30. City: **FL**

9. Name and Address of Current Registered Agent
**Perry D. Monioudis, Esquire
235 N. University Drive
Pembroke Pines, Florida 33024**

10. Name and Address of New Registered Agent
81. Name: **Bruce F. Iden, Esquire**
82. Street Address (P.O. Box Number is Not Acceptable): **2100 Ponce de Leon Blvd.**
83. Suite: **Suite 600**
84. City: **Coral Gables** 85. State: **FL** 86. Zip Code: **33134**

11. I, the undersigned, the president or secretary of the corporation, hereby certify that 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 this appointment as registered agent. I am familiar with and accept the duties imposed by Florida Statutes.

SIGNATURE

12. Registered Agent (if not registered agent, list name)

2/15/95

12. OFFICERS AND DIRECTORS
NAME: **Herbert Mofer**
STREET ADDRESS: **1390 South Ocean Drive, #306**
CITY: **Miami Beach, FL 33139**
NAME: **Evangelos Fournistakis**
STREET ADDRESS: **1100 BelAire Drive East**
CITY: **Pembroke Pines, FL 33027**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: **President/Director** ☒ Change ☐ Addition
2. NAME: **Herbert Mofer**
3. STREET ADDRESS: **1390 South Ocean Drive, #306**
4. CITY: **Miami Beach, FL 33139**
5. NAME: **Vice President/Sec./Dir** ☒ Change ☐ Addition
6. NAME: **Evangelos Fournistakis**
7. STREET ADDRESS: **1100 BelAire Drive East**
8. CITY: **Pembroke Pines, FL 33027**
9. NAME: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. NAME: ☐ Change ☐ Addition
12. NAME: ☐ Change ☐ Addition
13. NAME: ☐ Change ☐ Addition
14. NAME: ☐ Change ☐ Addition
15. NAME: ☐ Change ☐ Addition
16. NAME: ☐ Change ☐ Addition
17. NAME: ☐ Change ☐ Addition
18. NAME: ☐ Change ☐ Addition
19. NAME: ☐ Change ☐ Addition
20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 222.05, Florida Statutes. I further certify that the information filed and certified is true and correct, and that any signature shall have the same legal effect as if made under oath. This information is for the use of the Department of State and is not to be used for any other purpose. I understand that any false information furnished with an address.

SIGNATURE:

Evangelos Fournistakis

(305) 986-0002

Signature and Title of Officer or Director

5/15/95