SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 JAN -2 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006448 (1)

1. Corporation Name
LOUROS, INC.

REINSTATEMENT AC

Principal Place of Business	Mailing Address
3457 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	3457 TAMIAMI TRAIL PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 01/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 401 S. INDIANA AVE
22: Suite, Apt. #, etc.
23: ENGLEWOOD, FL
24: 34223 25: SARASOTA

2a. Mailing Address
26: 401 S. INDIANA AVE
27: Suite, Apt. #, etc.
28: ENGLEWOOD, FL
29: 34223 30: SARASOTA

4. FEI Number: 65-0553828 ☐ 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

~~CILIBERTI, DOMENICO~~
~~4414 MCCULLOUGH STREET~~
~~PORT CHARLOTTE FL 33948~~

10. Name and Address of New Registered Agent

81 Name: LAMBROS SIMOS
82 Street Address (P.O. Box Number is Not Acceptable): 401 S. INDIANA AVE
83:
84 City: ENGLEWOOD FL 85 Zip Code: 34223

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: Lambros Simos DATE: 12/26/96
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	~~D~~	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~CILIBERTI, DOMENICO~~		1.2 NAME	
STREET ADDRESS	~~4414 MCCULLOUGH STREET~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~PORT CHARLOTTE FL 33948~~		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMOS, LAMBROS		2.2 NAME	
STREET ADDRESS	3457 TAMIAMI TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	P00002051917 ☐ Change ☐ Addition
NAME			3.2 NAME	-01/09/97--01019--006
STREET ADDRESS			3.3 STREET ADDRESS	****375.00 ****375.00
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	1-3-97
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lambros Simos