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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # P95000063858 (1)

Corporation Name				
	ILIDADT EVDADT			

 Corporation 	n Name	` '						
HELLE	NIC INC. IMPORT-EXPORT	Г						
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								!
Principal Place of Business Mailing Address					I COMPANDI AND ANCOM MAINE MAINE MAINE	, and a diff diff.	HADI IDIGI	1 Billet fost foel
4717 PHOEN	IX AVE.	4717 PHOENIX AVE.						
HOLIDAY FL		HOLIDAY FL 34690						
					3. Date Incorporated or Qualified	3a. Date o	f Last R	eport
					08/09/1995		4	,
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26					*	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22	·	27		··			Fee	Required
City & State		City & State			6. Election Campaign Financing	[]		О Мау Ве
23 Zip	Country	28	000		Trust Fund Contribution			d to Fees
2β 24	Country 25	Zip 29	Cour 30	шу	8. This corporation has liability for Florida Statutes		under s	199.032,
<u> </u>	9. Name and Address of Curre		301		10. Name and Address of New I		ent	
				81 Name			,	
 KAVOUR 	(LIS, ELEN)			00 00 00	DO Doubleston in Not Assessed	h(-)		
	IOENIX AVE.			82 Street Ac	idress (P.O. Box Number is Not Acceptal	эеј		
	Y FL 34690		ľ	63				
(1022).	. 12 0 1000		ļ	84 City				
			ŀ	64 City		FL	85 Zıç	o Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the abov	e named corp	oration submits this statement for the pu	rpose of chang	ging its r	egistered office
or register familiar wil	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was authorized ction 607.0505, Florida Statutes.	by the c	orporation's bo	pard of directors. I hereby accept the app	xointment as re	gistered	agent. I am
SIGNATURE								
	Signative, typed or printed name of registered ago	· · · · · · · · · · · · · · · · · · ·		kgont signature requ	ared when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	P CANOLINATO ELEM	DELETE	1.110	1		لــا	Change	☐ Addition
NAME	KAVOUKLIS, ELENI		1.2 NA					
STREET ADDRESS	4717 PHOENIX AVE.			REET ADDRESS				
CITY-ST-ZIP TITLE	HOLIDAY FL 34690 V	☐ DELETE	2.1 TH	Y-ST-ZIP			Change	☐ Addition
NAME	KAVOUKLIS, NIKITAS	Посиси	2.1 III				Grange	☐ ¥0001001
STREET ADDRESS	4717 PHOENIX AVE.			REET ADDRESS				
CITY-S1-ZIP	HOLIDAY FL 34690			Y-ST-ZIP				
TITLE	S	☐ DELETE	3. 1 TII			— Н	Change	☐ Addition
NAME	KAVOUKLIS, KATINA	_	3.2 NA	1				
STREET ADDRESS	4717 PHOENIX AVE.			REET ADDRESS				
CITY-ST-ZIP	HOLIDAY FL 34690			Y - ST - ZIP				
TITLE		DELETE	4. 1 70				Change	Addition
NAME			4.2 NAI	ΛE				
STREET ADDRESS			4.3 STF	EET ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		DELETE	5 1 717	LE			Change	Addition
NAME			5.2 NAI	AE				
STREET ADDRESS	,		53 STF	EET ADDRESS				
CITY - ST - ZIP			5 4 C/I	Y - ST - ZIP				
TITLE		DEFELE	6 1 T) T	LE			Change	Addition
NAME			6 2 NA	AE				
STREET ADDRESS			63 STF	EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP	(-1)			
THE LOO DOVOD	a partiful that the information examine		200 000 0		tar the evenetion stated in Partial 410			aa liiuskaa 1

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __