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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000020335 (1)

TSIMOGIANNIS & TESTA, P.A.

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1825 PONCE	2.7		#227

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a, Mailing Address

1825 PONCE DE LEON BLVD. #227 CORAL GABLES FL 33134-4418

## FILED May 15 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

03/05/1996

4, FEI Number

City & State  City & State  City & State  City & State  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  7/p  Country  Country  Country  Country  Country  Country  S. This corporation has liability for intangible tax under s. 199.032,	21 6441	SW 21	Street	26			65-0648621	Not Ar	pplicable
Country   2/19   Coun	<b>-</b>	#, etc.		- · ·	tc.		5. Certificate of Status Desired		
Addition   Country   25	22							<del></del>	
33155   25   U.S.A   29   30			Ci						
\$ 31.55 Sz USA 20 De Florida Statutes ED Yes No. Name and Address of Current Registered Agent  TSIMOGIANNIS, JOHNNY 220 ANTILLA AVENUE #5 CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or tou Private agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or tou Private agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or tou Private agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or tou Private agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or tou Private agent agent and the private age		MINNI	1			ntru	······································		
S. Name and Address of Current Registered Agent  TSINOGRANIS, JOHNNY  220 ANTILLA AVENUE 45  CORAL GABLES FL 33134  28 Stroot Address (P) Don Number is Not Acceptable)  39 City ORAL GABLES FL 33134  30 City ORAL GABLES FL 33134  30 City ORAL GABLES FL 33134  30 City ORAL GABLES FL 33134  31. 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 I also by any purpose of posts in the State of Brinds State of B				}	h	ni y	·		9.032,
TSIMOGRANNIS, JOHNNY 220 ANTILLA AVENUE #5 CORAL GABLES FL 33134  11. Furnauant to the provisions of Sections 807,0502 and 807 1508. Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered office or registered aging. I am by an york, and accept the chilgainons of, Section 807,0502 and 807,0503 and 8	24 00.00	g Nam			1301				
220 ANTILLA AVENUE #5 CORAL GABLES FL 33134  282 Street Address (P) Box Number is Not Acceptable)  192	TS					81 Name		4	
CORAL GABLES FL 33134    Bay   City Grant   GABLES   FL   88   Zip Code			•						
11. Pursuant to the provisions of Sections 697.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lamb all years with an experience of the corporation submits this statement for the purpose of changing its registered agent. Lamb all years with an experience of the corporation is board of directors. Thereby accept the appointment as registered agent. Lamb all years with an experience of the corporation is board of directors. Thereby accept the appointment as registered agent. Lamb all years with an experience of the corporation submits this statement for the purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all years with a purpose of changing its registered agent. Lamb all									,
11. Fursuant 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 replayere ages, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent. I am Juryar yrik. And accept the collegations of, Sociola Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE  TSINOGIANNIS, JOHNNY  20 ANTILLA AVENUE #5  CORAL GABLES FL 33134  LI CONY-ST-2P  MARTINEZ, JOSE  750 ORIOLE AVENUE  22 SIRRET ADDRESS  COY-ST-2P  MIAMI SPRINGS FL 33166  DELETE  31 TIME  JOSE STREET ADDRESS  COY-ST-2P  MIAMI SPRINGS FL 33166  DELETE  31 TIME  JOSE STREET ADDRESS  COY-ST-2P  MIAMI SPRINGS FL 33166  DELETE  31 TIME  JOSE STREET ADDRESS  COY-ST-2P  MIAMI SPRINGS FL 33166  DELETE  31 TIME  JOSE STREET ADDRESS  COY-ST-2P  TIME  JOSE STREET ADDRESS  SACITY-ST-2P  JOSE ST					ţ				
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11. Pressant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-hermed corporation submits this statement for the purpose of changing its registered office or respected agent. I am Jaryar yrifs, and accept the appointment as registered agent. I am Jaryar yrifs, and accept the obligations of, Section 607 0509, Profide Statutes.  SIGNATURE  THE STATUTE					1	City CORA	L GABLES	FL 85 ZIP CON	¥
SIGNATURE    12.   OFFICERS AND DIRECTORS   13.   ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12     12.   OFFICERS AND DIRECTORS   13.   ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12     15.   ITIE	11. Pursuan	to the provi	isions of Sections 607.05	502 and 607.1508, Florida	Statutes, the ab	ove-named corno	valion submits this statement for the	purpose of changing its re-	gistered
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTER  PTD  TSIMOGRANIS, JOHNNY  12. RAME  220 ANTILLA AVENUE #5  COPAL GABLES FL 33134  ILCHY-ST-ZP  MARTINEZ, JOSE  MARTINEZ, JOSE  MIAMI SPRINGS FL 33166  DELETE  1.1 TITLE  TSIMOGRANIS, JOHNNY  1.2 RAME  1.2 RAME  1.3 STREET ADDRESS  COPAL GABLES FL 33134  DELETE  2.2 NAME  2.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZP  MIAMI SPRINGS FL 33166  DELETE  3.1 TITLE  3.2 RAME  3.3 STREET ADDRESS  CITY-ST-ZP  MIAMI SPRINGS FL 33166  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  CITY-ST-ZP  MIAMI SPRINGS FL 33166  CITY-ST-ZP  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  CITY-ST-ZP  Addition  Add			A STATE OF THE STA						
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the						- 1			
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 corrogation or the receiver or trustee empowered to execute this report as required by Charlet ROT Founda, Statutes, and that my name		by certify th	at the information suppl	ied with this filing does no			in Section 119.07(3)(i), Florida Statu	res. I further certify that the	
and one of the control of the contro	informat Lam an	on indicated officer or dir	on this annual report of ector of the corporation	r supplemental annual rep or the receiver or trustee	ort is true and a empowered to e	ccurate and that xecute this report	my signature shall have the same leg as required by Chapter 607, Florida	jai effect as if made under Statutes; and that my name	oath; that 16