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FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000020335 (1)

1. Corporation Name

TSIMOGIANNIS & TESTA, P.A.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 6441 SW 21 STREET  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 WEST MIAMI, FL

24 Zip

33155

25 Country

USA

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TSIMOGIANNIS, JOHNNY  
220 ANTILLA AVENUE #5  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

4. FEI Number

65-0648621

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

10. Name and Address of New Registered Agent

81 Name

JOHNNY TSIMOGIANNIS

82 Street Address (P.O. Box Number is Not Acceptable)

1825 PONCE DE LEON BLVD #227

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

*Johnny Tsimogiannis*

JOHNNY TSIMOGIANNIS, PRESIDENT

4-29-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME TSIMOGIANNIS, JOHNNY  
STREET ADDRESS 220 ANTILLA AVENUE #5  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE VSD  
NAME MARTINEZ, JOSE  
STREET ADDRESS 750 ORIOLE AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME JOHNNY TSIMOGIANNIS  
1.3 STREET ADDRESS 6441 SW 21 STREET  
1.4 CITY-ST-ZIP WEST MIAMI, FL 33155

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME JOSE MARTINEZ  
2.3 STREET ADDRESS 750 ORIOLE AVENUE  
2.4 CITY-ST-ZIP MIAMI SPRINGS, FL 33166

3.1 TITLE VSD ☐ Change ☒ Addition  
3.2 NAME OFELIA REY-TSIMOGIANNIS  
3.3 STREET ADDRESS 6441 SW 21 STREET  
3.4 CITY-ST-ZIP WEST MIAMI, FL 33155

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Johnny Tsimogiannis*

PRESIDENT

JOHNNY TSIMOGIANNIS

4-29-97

305-263-5880

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)