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FILED

May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

6441 SW 21 ST  
W MIAMI FL 33155  
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1825 Ponce de Leon Blvd

Suite, Apt #, etc.

27 Suite # 132

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

03/05/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TSIMOGIANNIS, JOHNNY  
1825 PONCE DE LEON BLVD #227  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name JOHNNY TSIMOGIANNIS  
82 Street Address (P.O. Box Number is Not Applicable)  
6441 SW 21 STREET  
83  
84 City WEST MIAMI FL 85 Zip Code 33155

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

4/29/98

Signature, dated and printed name of registered agent and the applicant.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD  
STREET ADDRESS TSIMOGIANNIS, JOHNNY  
CITY-ST-ZIP 6441 SW 21 ST  
W MIAMI FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS MARTINEZ, JOSE  
CITY-ST-ZIP 750 ORIOLE AVENUE  
MIAMI SPRINGS FL

TITLE ☐ DELETE

NAME VSD  
STREET ADDRESS TSIMOGIANNIS, OFELIA  
CITY-ST-ZIP 6441 SW 21 ST  
W MIAMI FL

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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1825 Ponce de Leon Blvd #132  
1.4 CITY-ST-ZIP Coral Gables, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME S/D  
3.3 STREET ADDRESS 1825 Ponce de Leon Blvd #132  
3.4 CITY-ST-ZIP Coral Gables, FL

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 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 a new appointment with an address.

SIGNATURE

*Johnny TsimoGiannis*

JOHNNY TSIMOGIANNIS

4/29/98

205-262-5880

CR2E034 (10/97)