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FILED
May 14 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 # P96000049360 (6)

1. Corporation Name

JOHNNY TSIMOGIANNIS & ASSOCIATES, P.A.

Principal Place of Business

1825 PONCE DE LEON BLVD., STE. 227
CORAL GABLES FL 33134

Mailing Address

1825 PONCE DE LEON BLVD., STE. 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
Zip

24 33155

Country

25 USA

27 City & State

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

4. FEI Number

65-0672722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

TSIMOGIANNIS, JOHNNY
220 ANTILLA AVE. #5
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 Acceptable)

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

Signature (print or print name of registered agent and title if applicable)

JOHNNY TSIMOGIANNIS

(NOTE: Registered Agent signature required when reinstating)

4-29-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME TSIMOGIANNIS, JOHNNY
STREET ADDRESS 220 ANTILLA AVE., #5
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
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 VSD
2.2 NAME OFELIA REY-TSIMOGIANNIS
2.3 STREET ADDRESS 6441 SW 21 STREET
2.4 CITY-ST-ZIP WEST MIAMI, FL 33155

3.1 TITLE D
3.2 NAME KILY TSIMOBIANNIS
3.3 STREET ADDRESS 520 NW 89 TERRACE
3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33024

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

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

6.1 TITLE
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

Pass.

4-29-97

205-262-5880

CR2E034 (9/96)