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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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
6441 SW 21 ST
W MIAMI FL 33155
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1996
4. FEI Number: 65-0672722 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
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

9. **Name and Address of Current Registered Agent**
TSIMOGIANNIS, JOHNNY
6441 SW 21 ST
W MIAMI FL 33155

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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] Johnny Tsimogiannis 4/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	TSIMOGIANNIS, JOHNNY	
STREET ADDRESS	6441 SW 21 ST	
CITY-ST-ZIP	W MIAMI FL	
TITLE	VSD	☐ DELETE
NAME	REY-TSIMOGIANNIS, OFELIA	
STREET ADDRESS	6441 SW 21 STREET	
CITY-ST-ZIP	W MIAMI FL	
TITLE	D	☒ DELETE
NAME	TSIMOGIANNIS, LILY	
STREET ADDRESS	520 NW 89 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES 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	S/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1825 Ponce de leon Blvd #132	
2.4 CITY-ST-ZIP	Coral Gables, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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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 an attachment with an address.

SIGNATURE [signature] Johnny Tsimogiannis 4/29/98 305-262-5880