Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90211 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000090773

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TRIPLE SEVEN MACHINES, INC.					
INIPLE	DEVEN MACHINES, 1140.				A LOURINGAN HAR TORIN KOURT ONLIN ORRIS ONLIN DARIN BAHR ROMA HARAN HARAN HARAN HARAN HARAN HARAN HARAN HARAN
	•				
Principal Place	of Business	Mailing Address			(PERSON TION INC. INC. INC. INC. INC. INC. INC. INC
10020 WEST FLAGLER STREET 10020 WEST FLAGLER STREET					
#204					DO NOT WRITE IN THIS SPACE
MIAMI FL 33174	-	MIAMI FL 33174			3. Date Incorporated or Qualifed
		- <u>-</u>	-		10/22/1997
2. Principal Place of Business 21 9655 S. Dixie //w 26 Same			~		4. FEI Number APPLIED FOR 65-07927 18 Not Applied For Not Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
22 State		City & State			6. Election Campaign Financing S5.00 May Be
23 Miami PC 28					Trust Fund Contribution Added to Fees
Zip 7	1 C/ Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax Yes No
24 1	25 25	29 30	L		Personal Property Tax.
<u> </u>	g. Name and Address of Current R	egisterea Agent	81	Name	10. Haine and Address of Now Nogotal as Agent
GRAI	NZO, CARLOS				
10920 WEST FLAGLER STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)
#204			83		
MIAMI FL 33174					
			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, typed or printed name of registered agent ar		<u> </u>	nt signature r	required when reinstating) OATE ACCURACY OF TO OFFICE PO AND DIRECTORS IN 42
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD ACCIONED DAMACIONS	C DECETE	1.2 NAME		
NAME	AFENDULIDOU, PANAGIOTIS			T ADDRESS	19685 S. Dixie Hay. 212
STREET ADDRESS					miam: KL 77156
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-ZIF	Change Addition
NAME -	VASSALAS, VASSILIS				1 P 1 - 12 12
STREET ADDRESS	•		1	T ADDRESS	9655 1. 1011/2 1/27. 21
CITY-ST-ZIP			2. 4 CITY-5		9655 S. Dixxe Huy. 212 Miami, FL 33156 — Change — Addition 9655 S. Dixie Huy. 212 Miami, FL 33156 — Change — Addition
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME	321		3.2 NAME		
STREET ADDRESS	3.3 S		3.3 STREE	TADDRESS	
CITY-ST-ZIP	34.0		3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	4.21		4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADORESS	
CITY-ST-ZIP	4.4.C		4.4 CITY-S	T-ZIP	
TITLE	r	☐ DELETE	Š.1 TITLE		. Change Addition
NAME	,		5.2 NAME		1

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 teceiver 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, with all other like empowered. CITY-ST-ZiP

SIGNATURE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change

Addition |