


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 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 # 571299 (7)
1. Corporation Name
CICCIO'S BY THE SEA, INC.



Principal Place of Business: 1405 WASHINGTON AVE. MIAMI BEACH FL 33139 U
Mailing Address: P.O. BOX 1120 BOCA RATON FL 33429-1120 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/08/1978	04/24/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	59-1831124	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STELLINO, FRANK 1495 SW 13TH COURT BOCA RATON FL 33432	81 Name: CARLOS FONTANES 82 Street Address (P.O. Box Number is Not Acceptable): 1405 WASHINGTON AVE. 83 84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: *Carlos Fontanes* DATE: 4-26-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STELLINO, FRANK		1.2 NAME: SUSANA CACERES	
STREET ADDRESS: 1495 SW 13TH COURT		1.3 STREET ADDRESS: 8269 NW 7 ST	
CITY-ST-ZIP: BOCA RATON FL 33432		1.4 CITY-ST-ZIP: MIAMI - FL - 33126	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		2.2 NAME: CARLOS FONTANES	
STREET ADDRESS:		2.3 STREET ADDRESS: 8897 FONTANES BLVD. #101	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP: MIAMI - FL - 33172	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Carlos Fontanes* DATE: 4-26-97 (305) 534-7155

CFR2E034 (9/96)