

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000014133 (9)**

1. Corporation Name

ALL STAR PIZZA FOOD SERVICE, INC.



Principal Place of Business

**4712 LEJEUNE ROAD
CORAL GABLES FL 33134**

Mailing Address

**4712 LEJEUNE ROAD
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

2. Principal Place of Business

21 **11280 SW 137 ave**

2a. Mailing Address

26 **11280 SW 137 AVE**

4. FEI Number

65-0556910

Applied For
Not Applicable

22 **MIAMI**

Suite, Apt. #, etc.

27 **MIAMI**

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **FL**

City & State

28 **FL**

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **33186**

Zip

Country

29 **33186**

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**SILVEIRA, MARCELO
4712 LEJEUNE ROAD
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11280 SW 137 AVE

83

MIAMI

84

FL

85 Zip Code
33186

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 as of 12/31/96

Signature typed or printed name of registered agent as of 12/31/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SILVEIRA, MARCELO	4712 LEJEUNE ROAD	CORAL GABLES FL 33134	<input type="checkbox"/>
D	CAMARA, JOYCE K	4712 LEJEUNE ROAD	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
				<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition																
				<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition																
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition																
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition																

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from an attachment with an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO SILVEIRA

3/12/96

DATE

DATE

CR2E034 (12/95)