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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$34494

Corporation Name

MAMA MIA I, INC.

Principal Place of Business Mailing Address								•		
1818 S. YOUNG HOLLYWOOD F			PEMBROKE PINES FL 33024			DO NOT W	DITE IN THIS	SPACE	4	
US US					DO NOT WRITE IN THIS SPAC 3. Date Incorporated or Qualified			·		
						02/27/1991		;		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	lied For	:
21 26						58-1932211		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	A		City & State			6. Election Campaign Financin	9 –	\$5.00	Mav Be	
23	28			Trust Fund Contribution >			, D	Added to Fees		
Zip	Country	Zip	Çoı	intry		8. This corporation owes the co	urrent year In		_	
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Currer	nt Registered Agent		L.		10. Name and Address of Nev	v Registered	Agent		ł
EDA	NCO IOSEDII	-		81	Name					ĺ
FRANCO, JOSEPH 1818 SOUTH YOUNG CIRCLE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020				83			1 2 3 5			1
				0.4	<u> </u>	19.99		85 Zíp C	nde	l
				84	City		FL	_ 05 210 C	lode	1
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the a	bove	-named corpo	oration submits this statement for t	he purpose o	f changing its	registered	ĺ
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State rm familiar with, and accept the obliga	on Finrina Such change was	annonze	u ov	rie corporatio	on's board of directors. I hereby acc	cept the appo	intment as reg	listered	
	im familiar with, and accept the obliga	ations of Section 607.0303, i	ibilda Ota	iu ioo.						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registere	d Agen	t signature required	d when reinstating)	DATE		<u></u>	6
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO		0
TITLE :	P	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition	3
NAME	FRANCO, SAUVEUR		1.2 N	IAME						5
STREET ADDRESS	AATA TOTIL OT		1.3 STREE		ADDRESS	•				[
CITY-ST-ZIP	BROOKLYN NY 11228		1.4 CITY-		-ZIP					6
TITLE	S	☐ DELETE	2.1 TITLE					Change	☐ Addition	١
NAME	FRANCO, JOESPH		2.2 NAME 2.3 STREE		1					
STREET ADDRESS	4040 C VOLING CIDCLE				ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		2.4	CITY-S	T- ZIP					
TITLE	T	☐ DELETE	3.1 1	ITLE				Change	Addition	İ
NAME	FRANCO, THOMAS E		3.2 N	IAME						
STREET ADDRESS	1818 S. YOUNG CIR.		3.3 9	TREET	ADDRESS	:	. 1 - 1 - 1 - g.	The second second	The Table	Ì
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY		T-ZIP		3.7		- Adams -	ļ
TITLE		☐ DELETE	4.1 7	TTLE			·	Change	Addition	
NAME			4, 2	NAME		•	,			-
STREET ADDRESS	RESS 4.3		4.3 8	4.3 STREET ADDRESS		•	•			
CITY-ST-ZIP			_		r-ZIP				□ ådditic=	1
TITLE		☐ DELETE		TLE		•		Change	Addition	
NAME				IAME	ADDRESS			** .		
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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 of 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 any attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

THE AND TYPED OF DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Franco

1/0/00

954-923-0555

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90028 006 ***150.00

Daytime Phone #

CR2E034 (11/98)

☐ Addition