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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

	MENT # S69244 UCHITOS PIZZA & RESTAU					
Principal Prace of Business 4315 N.W. 7TH STREET #22 MIAMI FL 33126		Mailing Address 4315 N.W. 7TH STREET #22 MIAM1 FL 33126-3562				
				3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 10/30/1996	
2. Principal Pi 21	ace of Business	28. Mailing Address 26			4. FEI Number 65-0280502	Applied For Not Applicable
Suite Apt	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	<i>y</i> .	8. This corporation has liability for	intangible tax under s. 199.032,
24	25 9. Name and Address of Curren	29 29 Agent	<u> </u> 30		Florida Statutes L 10. Name and Address of New Re	Yes No
PET	KOVICH, JOSE C.		81	Name		
4315 N.W. 7TH ST.			82	Street A	ddress (P.O. Box Number is Not Accepta	ble)
#22			B3			
MIAMI FL 33126			B4	<u> </u>		85 Zip Code
	74.004		- 1			
SIGNATURE					corporation submits this statement for the oration's board of directors. I hereby acce	
12.	Signed in hypothesis printed hards of registered age OFFICERS ANI		TE: Registered Ap	ent signature i	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
HAME	PETKOVICH, JOSE C.		1.2 NAME	l		
STREET ADDRESS	4315 N.W. 7TH ST #22 MIAMI FL			T ADDRESS		
CHY-SI-ZIE HILE			1.4 City-:	SI-ZIP		Change Addition
NAME	PETKOVICH, MARIA E.		2.2 NAME	1		-
STEELT ACORESS	4315 N.W. 7TH ST #22		2.3 STREE	T ADDRESS		
CHY+ST-7IP TFLE	MIAMI FL	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Change Addition
NAME		L., OLLET	3.2 NAME	1		CT origings FT Moduron
STREET ADDRESS			3.3 STREE	T ADORESS		
CHY+SI+7IP			3.4. CITY-	ST - ZIP		
TITLE			4.1 TITLE			Change L Addition
NAME STREET ADDRESS: 1			4. 2 NAME	T ADDRESS		
CITY - \$1 -719			4.4 CITY-!			
1011		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1		
STREET ADORESS	E.		l l	T ADDRESS		
OHY-ST-ZIF THIE		☐ DELETE	5 4 City - : 6 1 Title	51-2IF		Change Addition
NAMI			6.2 NAME			
STREET ADORESS			63 STREE	T ADDRESS		

SIGNATURE:

14. Ldo 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 efficer or director of the corporation or the receiver or tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Black 13 it changed, or on an attachment with an address.

Daytime Phone #

FILED

May 08 1997 8:00am

Secretary of State