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 # MGA179

1. Corporatio	PIZZA CORPORATION Se of Business HWY	Mailing Address 13615 S DIXIE HWY STE 117 MIAMI FL 33176			DO NOT WRITE IN THIS			
US		US			3. Date Incorporated or Qualifed		•	
					01/08/1988			
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	lied For	١.
21		26			65-0084472		Applicable	÷
Suite, Apt.	# etc	Suite, Apt. #, etc.			· _	\$8.75 A		3
22	, 5.67	27			5. Certifcate of Status Desired	Fee Red		
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 N	Jay Po	
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year Int			
<u> </u>	25		30		Personal Property Tax.		□No	
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered	7.5		
	9. Name and Address of Curr	BILL REGISTERED AGEIL	81	Name	10. Name and Addition of New Registers	· · · · · · · · · · · · · · · · · · ·		
IAT2	NTON, RICHARD K			(10.110				
	MADRUGA AVE 404		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
MIAMI CENTER, SUITE 880						************		
			83			机桶洗料料		
COR	RAL GABLES FL 33146		84	City		85 Zip C	ode	
				,	<u>FL</u>	<u> </u>		
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Statutes e of Florida. Such change was aut	s, the above thorized by	e-named corp the comoration	poration submits this statement for the purpose of	intment as red	ietorod	٠.
Į.		gations of, Section 607.0505, Florid	da Statutes.		on's board of directors. I hereby accept the appoint	· · · · ·	,	
agent. I a					od when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	· ·	Ó
Į.	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: R	Registered Agen			ND DIRECTOR		4,001
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NOTE: R	Registered Agen		od when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	· ·	(44,00)
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: R	Registered Agen		nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR		194 144 1001
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A P GULINO, EMANUELE J	gent and title if applicable. (NOTE: R	13.	at signature require	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR		(DO) 144 (DO)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A P GULINO, EMANUELE J	gent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	at signature require	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR		100E034 (44,08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P GULINO, EMANUELE J 7710 SW 113TH CT	gent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	at signature require	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR		CB2E034 (41,08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS A P GULINO, EMANUELE J 7710 SW 113TH CT MIAMI FL VP	gent and lifte if applicable. (NOTE: R NND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	at signature require	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	RS IN 12	CB2E024 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GULINO, EMANUELE J 7710 SW 113TH CT MIAMI FL VP GULINO, CAROLYN	gent and lifte if applicable. (NOTE: R NND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME	at signature require	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	RS IN 12	CB2E024 (41,08)
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNING OFFICER OR DIRECTOR

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90043 037 ***150.00