

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90275 002 \*\*\*150.00

DOCUMENT # G06739 (8)  
1. Corporation Name  
LA Pergola Restaurante, INC.

539534 - 90275 - 2

Principal Place of Business Mailing Address  
LA PERGOLA RESTAURANTE LA PERGOLA RESTAURANTE  
17749 COLLINS AVE c/o ROSS, CUSANO, CPA  
MIAMI BEACH, FL 33160 18305 BISCAYNE BLVD  
AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/25/1982	59-272950	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
23 Zip	28 Zip	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

D'ARPINO, EUGENIO  
1220 DIPLOMAT PARKWAY  
HOLLYWOOD, FL 33019

10. Name and Address of New Registered Agent

81 Name MARIE PAULE STEINER  
82 Street Address (P.O. Box Number is Not Acceptable)  
301-174ST # 315  
83 North Miami Beach  
84 City FL 85 Zip Code 33160

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

Marie Paule Steiner

4/28/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	EUGENIO D'ARPINO	1.2 NAME	ALCIDE SAUVE
STREET ADDRESS	1220 DIPLOMAT PARKWAY	1.3 STREET ADDRESS	201-178 DRIVE APT 509
CITY-ST-ZIP	HOLLYWOOD, FL 33019	1.4 CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	SERGE GAGNON
STREET ADDRESS		2.3 STREET ADDRESS	4910 SW 28th STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PEMBROKE PARK, FL 33023
TITLE		3.1 TITLE	VP
NAME		3.2 NAME	RUDOLPH ZEPPETTINI
STREET ADDRESS		3.3 STREET ADDRESS	201-178 DRIVE APT 509
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE		4.1 TITLE	S/T
NAME		4.2 NAME	MARIE PAULE STEINER
STREET ADDRESS		4.3 STREET ADDRESS	301-174 STREET #315
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

MARIE PAULE STEINER

DATE

Daytime Phone #

CR2E034 (11/98)