

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

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

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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 # 3c2  
 AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-272950	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

3. Date Incorporated or Qualified  
 10/25/1982

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
D'ARPINO, EUGENIO 1220 DIPLOMAT PARKWAY HOLLYWOOD, FL 33019		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* DATE: 4/28/99

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 ZEPETTINI
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* NAME: MARIE PAULE STEINER DATE: 4/28/99 DAYTIME PHONE #: 305-931-1265

CR2E034 (1/98)