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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G08514

MONA LISA RESTAURANT, INC.

(3)

FILED May 06 1997 8:00am Secretary of State



Principal Place of Business 3058 CORAL WAY MIAMI FL 33145		Mailing Address 3058 CORAL WAY MIAMI FL 33145-3208	3058 CORAL WAY						
						3. Date Incorporated or 11/09/1982	Qualified 3a. Da 01/2	te of Last 29/1996	Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21 Suita Ant	4 Ata	Suite, Apt #, etc.			59-2247944			Not Applicable	
Suite, Apt.	W, BIC.	27			5. Certificate of Status D	Desired		Additional Required	
City & State	9	City & State				& Flection Campaign F	nancina		
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	untry		8. This corporation has I			s. 199.032,
24	25	29	30	.,		Florida Statutes	Yes [
	9, Name and Address of Curro	ent Registered Agent				10. Name and Address	of New Registered A	gent	
	SENTINO, NICOLA			81	Name				
	CORAL WAY			82	Street Add	ress (P.O. Box Number is No	t Acceptable)		
MIAI	WI FL 33145			83					
				63					
				84	City		FL	85 Zi	p Code
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Sta im familiar with, and accept the obli Signature, typed or printed name of registered a					tion's board of directors. I he	reby accept the appo	ointment a	ás regislered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES		DIRECT	ORS IN 12
TITLE	P	☐ DELETE		ITLE				☐ Change	
NAME	COSSENTINO, NICOLA		1.2 N	AME					
STREET ADDRESS	3501 GRANADA BLVD		1,8 S	TREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL				T-ZiP				
TITLE		☐ DELETE	211					Change	e Additio [,]
NAME			2.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.11		ST · ZIP			Change	e Additio
NAME		ET DECEIE	3.1 I 3.2 N					LI VIIIIIQE	. LJ MUUIIIOI
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-7IP				
TITLE		DELETE	4.1 1					Change	e Addition
NAME	i	•	4.21						
STREET ADDRESS			4.3 S	TREE1	ADDRESS				
CITY-ST-ZIP			4.4 0	HTY-S	T-7IP				
TITLE		DELETE	5.1 7	ITLE				☐ Change	e 🔲 Addition
NAME			52 N	IAME					
STREET ADDRESS			53S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 0	HTY-S	1 - 2 1P				<u></u>
TITLE		☐ DELETE	611	ITLE				Change	e 🔲 Additior
NAME			62 N	IAME					
STREET ADDRESS			635	TREET	ADDRESS				
CITY ST. 7IP			640	יין ערוי	T 71D				

14. I do 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 cognoration or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 (b) appears of the cognoration of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name