

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:19

DOCUMENT # **G98221** (6)

1. Corporation Name

SAN MARCO ITALIAN RESTAURANT, INC.

Principal Place of Business

Mailing Address

**NE CORNER OF NW 107TH AVE & NW 12TH STREET
MIAMI FL 33172**

**NE CORNER OF NW 107TH AVE & NW 12TH STREET
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1984

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2408653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaigns/Proposing
Trust Fund Contribution

☐

**\$5.00 May be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUAN, MANUEL CHONG, JR., ESQ.
8370 W. FLAGLER ST.
SUITE 248
MIAMI FL 33144**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1105 SW 87th Avenue

83

84 City **Miami**

FL

85

**Zip Code
33174**

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 officer 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 **MANUEL CHONG CUAN, JR.**

Signature, typed or printed name of registered agent and the corporation

2/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PST
CIRIACI, GIANFRANCO
10613 NW 12TH ST #1027
MIAMI FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
ARMS, ELENA
10613 NW 12TH ST #1027
MIAMI FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☒ Change ☐ Addition

CIRIACI, ELENA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Rule 11.01 (2)(b)(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.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIANFRANCO CIRIACI, President

2/10/95

(305) 591-7227