

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G98221

1. Corporation Name

SAN MARCO ITALIAN RESTAURANT, INC.

Principal Place of Business

Mailing Address

**10613 NW 12th Street, #1027
Miami, FL 33172**

**10613 NW 12th Street, #1027
Miami, FL 33172**

2. Principal Place of Business

2a. Mailing Address

21 10613 NW 12th Street

26 10613 NW 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1027

27 #1027

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33172

25 USA

29 33172

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Cuan, Manuel Chong, Jr., Esq.
8370 W. Flagler Street, Ste. 248
Miami, FL 33144**

81 Name CUAN, MANUEL CHONG, JR., ESQ.

**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 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

Signature, typed or printed name of registered agent, as applicable

MANUEL CHONG CUAN, JR., ESQ.

(NOTE: Registered Agent signature required when reappointing)

5/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE
NAME CIRIACI, GIANFRANCO
STREET ADDRESS 10613 NW 12th Street, #1027
CITY-ST-ZIP Miami, FL 33172

1.1 TITLE PT ☒ Change ☐ Addition
1.2 NAME CIRIACI, GIANFRANCO
1.3 STREET ADDRESS 10613 NW 12th Street, #1027
1.4 CITY-ST-ZIP Miami, FL 33172

TITLE V ☐ DELETE
NAME Arms, Elena
STREET ADDRESS 10613 NW 12th Street, #1027
CITY-ST-ZIP Miami, FL 33172

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME CIRIACI, SANDRA
3.3 STREET ADDRESS 10613 NW 12th Street, #1027
3.4 CITY-ST-ZIP Miami, FL 33172

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 400001836394
5.4 CITY-ST-ZIP -05/23/96--01017--025

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS *233.75**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIANFRANCO CIRIACI

Date

Daytime Phone #

5/15/96 (305) 591-7227

CR2E034 (12/95)