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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K19185 (3)

1. Corporation Name
BUCCINO'S, INC.

Principal Place of Business

1775 WASHINGTON AVE
PH #3
MIAMI BCH FL 33139
US

Mailing Address

1775 WASHINGTON AVE
PH #3
MIAMI BCH FL 33139-7544
US



2. Principal Place of Business

21 1080 94th ST.
Suite, Apt. #, etc. APT. 505
22 BAY HARBOR, FL.

2a. Mailing Address

26 1080 94th ST.
Suite, Apt. #, etc. APT. 505
27 BAY HARBOR, FL.

City & State

23 Zip 33154 25 U.S.A.

City & State

28 Zip 33154 30 U.S.A.

3. Date Incorporated or Qualified

03/17/1988

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0049482

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAZAN, DAVID M.
1090 KANE CONCOURSE
SUITE 202
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BUCCINO, JOSEPH J.
STREET ADDRESS 1775 WASHINGTON AVE. #3
CITY-ST-ZIP MIAMI BEACH FL

TITLE P
NAME REISS, ROBERT L.
STREET ADDRESS 10350 W BAY HARBOR DR #8N
CITY-ST-ZIP BAY HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME BUCCINO, JOSEPH J.
1.3 STREET ADDRESS 1080 94th ST. - APT. 505
1.4 CITY-ST-ZIP BAY HARBOR, FL. 33154

2.1 TITLE
2.2 NAME REISS, ROBERT L.
2.3 STREET ADDRESS 1080 94th ST. - APT. 505
2.4 CITY-ST-ZIP BAY HARBOR, FL. 33154

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

Date

Daytime Phone #

0191187

CR2E034 (9/96)