

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **K74253** (1)  
 1. Corporation Name  
**PASQUALE'S ITALIAN CAFE, INC.**



Principal Place of Business Mailing Address  
**6895 RED ROAD HIALEAH FL 33014** **6895 RED ROAD HIALEAH FL 33014**

3. Date Incorporated or Qualified **03/21/1989** 3a. Date of Last Report **03/02/1995**  
 4. FEI Number **65-0115682** 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

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  
**PHILLIPS, ADOLPH**  
**6895 RED RD.**  
**HIALEAH FL 33014**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE  DELETE  
 NAME **PO LEVINE, ELIZABETH**  
 STREET ADDRESS **6895 RED ROAD**  
 CITY-ST-ZIP **HIALEAH FL 33014**  
 TITLE  DELETE  
 NAME **VD MERCADO, GERALD**  
 STREET ADDRESS **6895 RED ROAD**  
 CITY-ST-ZIP **HIALEAH FL 33014**  
 TITLE  DELETE  
 NAME **D COYLE, JONES**  
 STREET ADDRESS **6895 RED ROAD**  
 CITY-ST-ZIP **HIALEAH FL 33014**  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP  
 Change  Addition  
 21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP  
 Change  Addition  
 31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP  
 Change  Addition  
 41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP  
 Change  Addition  
 51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP  
 Change  Addition  
 61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald Mercado*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Gerald Mercado**

*7/9/96 (306) 58975*  
 DATE DAY/MONTH/YEAR

CR2E034 (3/96)