

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:13

DOCUMENT # **K81896** (8)
1. Corporation Name
RISTORANTE TANINO, INC.

Principal Place of Business Mailing Address
1040 PORT BLVD MIAMI, FL **1040 PORT BLVD MIAMI, FL**
P.O. BOX 010348 **P.O. BOX 010348**
MIAMI FL 33101 **MIAMI FL 33101**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

3. Date Incorporated or Qualified **04/17/1989** 3a. Date of Last Report **06/13/1994**
4. FEI Number **65-0117713** 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
CLAUSSEN, KENNETH F.
44 W. FLAGLER STREET
18TH FLOOR
MIAMI FL 33130

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 _____ DATE _____
Signature typed or printed below of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEIN, LOUIS
STREET ADDRESS	1040 PORT BLVD 402
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	CORBETT, JAMES R.
STREET ADDRESS	111 SW 101 WAY
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	PD
NAME	MAIRENTEREGGER, REINHART
STREET ADDRESS	1040 PORT BLVD 402
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	PRADOS, JUAN
STREET ADDRESS	10910 SW 27 ST
CITY - ST - ZIP	DAVIE FL
TITLE	S
NAME	DICICCO, RICHARD
STREET ADDRESS	8501 SW 51 TERRACE
CITY - ST - ZIP	S MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 power 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. Change or an addition with an address.

SIGNATURE: *[Signature]* **3-20-95** **305-371-8491**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Number of Pages)