| DOCUMENT # L63177 (4) I Cognistro Name ITALIAN TERRACE RESTAURANT, INC. Principal Place of Business 870 MANI ST. MANI LAKES R. 30014 2 Principal Place of Business 2 A. Maling Address 2 A. Maling Address 3 Date Postpassed of Qualifor 4 Fill Name 5 Date Postpassed of Qualifor 6 Date Postpassed of Qualifor 7 Date Postpassed of Qualifor 7 Date Postpassed of Qualifor 8 Date Postpassed of Qualifor 9 Date Postpassed of Qua | | RPORATION UAL REPORT 1996 | | Sandra B Secretar | TMENT OF STATE . Mortham y of State ORPORATIONS | | | |
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| Zip Country Zip Country Zip Country Zip Country Registered Agent State Country State C | _ ` | Đ | City & St | ate | | 6. Election Campaign Financing | Fee | |
| Solution Section Sec | Zip | | Zip | | Country | | Add | ed to Fees |
| ELANNAN, RABIH J 6743 MAIN ST. MIAMI LAKES FL 33014 82 Street Address (P.O. Box Number is Not Acceptable) 83 | (4) | | 29 urrent Registered Age | 3 ent | 0 | Florida Statutes 🔲 Yes | 3 □ No | 5 199.032, |
| ### PD Code Pursuant to the provisions of Sections 607.0507 and 607.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered defice familiar with, appraisable the obligation of Section 607.0505. Florids Statutes Pursuant to the provisions of Sections 607.0507 and 607.1508. Florids Statutes the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am the purpose of changing its registered defice familiar with, appraisable the obligation of Section 607.0505. Florids Statutes Pursuant to the provisions of Sections 607.0505. Florids Statutes | 6743 I | MAIN ST. | | | 82 Street Add | dress (P.Ö. Box Number is Not Acceptat | | |
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| DELETE 2 1 TITLE | 12. | Signature, yiped or printed riane of registered OFFICE:RS | agent and tille if applicance S AND DIRECTORS | (NOTE: A | ogistered Agent signature zequire | ed when reinstating) | 4/22/96 DATE | , |
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| DELETE 6 1 TiTLE 6 2 NAME 6 2 NAME 6 3 STREET ADDRESS Y-ST-ZIP 1. 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 second that my signature shall have | IZ. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP | OFFICERS PST ELANNAN, RABIH J 6743 MAIN ST. | Dayer and the Pappicane S AND DIRECTORS | DELETE DELETE ELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 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 | ed when reinstating) | H/22/96 DATE ICERS AND DIRECTO Change Change Change | DRS IN 12 Addition Addition Addition |

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