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

PROFIT CORPORATION ANNUAL REPORT



L78285

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT #

BUONISSIMA PASTA & PIZZA, INC.

Principal Place of Business Mailing Address

10235 S.W. BTH STREET MIAMI FL 33174

2. Principal Place of Business

21 12743-45 SW Bird Road

Suite, Apt. #, etc. Miami, Florida 33175

10235 S.W. 8TH STREET

2a. Mailing Address

Suite, Apt. #, etc.

MIAMI FL 33174



65-0208795

5. Certificate of Status Dosired

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| 23 | Crty & State | | | 28 | City & State Miami, | Fl | lori | da | 33174 | | Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
|---|--------------|-------|---------------------|----------|---------------------|----|------------|--|-------|-----|---|--|
| 24 | Ζίρ 33175 | 25 | Country USA | 29 | Zip | 30 | Count 0 | ry | | | This corporation has liability for intangelle tax under s 199.032, Florida Statutes | |
| | 9. Name | e and | d Address of Currer | nt Regis | stered Agent | | | | | 10. | Name and Address of New Registered Agent | |
| | • | | | | | | 8 | 1 Na | ame | | | |
| DELGADO, RAUL 19235 S.W. 8TH TERRACE | | | | | | 8 | 2 Str | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | 8 | 3 | | | | | |

26 10235 SW 8th. Terr.

MIAMI FL 33174

| | | | | | | | | |
|------|------|----------------------|-------------|--------|-----------|----|----------|----|
| 84 | City | | | | FL | 85 | Zip Code | |
| | | de la compaña de | Marin Marin | bb | a6 ab | | | 4C |

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. I purpose of policy in the Statute of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the approintment as registered agent. Lam

| | | | a debicine corpy and compensation to doction of control of the con | books the appointment as registered agent. I am |
|------------|---|----------------------|--|---|
| familiar v | with, and accept the obligations of, Sect | ton 607.0505, Fiorid | a Statutes | |
| SIGNATURE | Maria Dul. | ned | | 4-18-96 |
| | | | | |

| 1 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND EXECUTES IN TO |
|-----------------|------------------------|---------------------|--|
| TITLE | PO Ø DELETE | 1 1 TITLE | PD Change Addition |
| NAME | DELGADO, RICARDO | 1.2 NAME | RAUL DELGADO |
| STREET ADDRESS | 10235 S.W. 8TH TERRACE | 13 STREET ADDRESS | 10235 S.W. 8th., Terrace |
| CITY-ST-ZIP | MIAMI FL 33174 | 14 CHY+ST ZIP | Miomi Plonide 22174 |
| TITLE | VPD DELETE | 2 1 TITLE | Miami, Florida 33174 Change Addition |
| NAME | DELGADO, CARMELINA | 2.2 NAME | VP |
| STREET ADDRESS | 10235 S.W. 8TH TERRACE | 2.3 STREET ADDRESS | CARMELINA DELGADO |
| CITY - ST-ZIP | MIAMI FL 33174 | 2.4 CITY - ST - ZIP | 1023- S.W.8th.Terrace, Nia. Fl. |
| TITLE | S DELETE | 3 1 TITLE | S Change Addition |
| NAME | DELGADO, RAUL | 3.2 NAME | RAUL DELGADO |
| STREET ADDRESS | 10235 S.W. 8TH TERRACE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33174 | 3.4 CITY - ST - ZIP | 10205 D.M. CCH. TEIT. FIAMI, FI. |
| TITLE | DELETE | 4 1 THTLE | Change Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4 4 CITY - ST - ZIP | |
| TITLE | ☐ DELETE | 5 1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CHTY+ST ZIP | |
| TITLE | DELETE | 6 1 TiTut | Change Addition |
| NAME | | 6 2 NAMÉ | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY CT 710 | | 64 OILY OF 710 | |

14. (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 receive 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 or on an attachment with an address

SIGNATURE: <

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Not Applicable

\$8.75 Additional

Fee Required