

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L78285** (8)

1. Corporation Name

BUONISSIMA PASTA & PIZZA, INC.



Principal Place of Business

Mailing Address

10235 S.W. 8TH STREET
MIAMI FL 33174

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MIAMI FL 33174

3. Date Incorporated or Qualified **06/07/1990** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business
21 **12743-45 SW Bird Road**
Suite, Apt. #, etc.
22 **Miami, Florida 33175**

2a. Mailing Address
26 **10235 SW 8th Terr.**
Suite, Apt. #, etc.
27

4. FEI Number **65-0208795** Applied For Not Applicable

23 City & State

28 **Miami, Florida 33174**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **33175** 25 Country **USA**

29 Zip 30 Country

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

10. Name and Address of New Registered Agent

DELGADO, RAUL
19235 S.W. 8TH TERRACE
MIAMI FL 33174

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 *Raul Delgado*

4-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DELGADO, RICARDO	
STREET ADDRESS	10235 S.W. 8TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DELGADO, CARMELINA	
STREET ADDRESS	10235 S.W. 8TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DELGADO, RAUL	
STREET ADDRESS	10235 S.W. 8TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAUL DELGADO	
1.3 STREET ADDRESS	10235 S.W. 8th., Terrace	
1.4 CITY-ST-ZIP	Miami, Florida 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP	
2.2 NAME	CARMELINA DELGADO	
2.3 STREET ADDRESS	1023- S.W.8th.Terrace, Mia. Fl.	
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAUL DELGADO	
3.3 STREET ADDRESS	10235 S.W.8th.Terr. Miami, Fl.	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raul Delgado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 (205) 523-7887
Date: (Typed Name)

CR2E034 (12/95)