FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L86402 (9)CESARONI'S RESTAURANT, INC. Principal Place of Business Mailing Address -18899 WELLINGTON TR 7822 OAKMONT DR LAKE WORTH FL 33467 W. PALM BCH FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1990 2. Principal Place of Business 2a. Mailing Address Applied For 13889 Wellington TI 65-0200412 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent of Current Registered Agent 81 Name RODRIGUEZ, ANGELA M. 7822 OAKMONT DR 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 83 84 City 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 Signature, typed re-printed name of registered agont ned trin it applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE ☐ Addition 1.1 TITLE Change NAME RODRIGUEZ, ANGELA M 1.2 NAME 7822 OAKMONT DR STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Recupero Thomas 13125 Chadwick, RECUPERO, THOMAS NAME 2.2 NAME .ct. 3C STREET ADDRESS -13838 BUDDLEBRUSH 2.3 STREET ADDRESS WELLINGTON FL wellington Fl 33414 CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME RODRIGUEZ, MARK 3.2 NAME STREET ADDRESS 7822 OAKMONT DR 3.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME RODRIGUEZ, ANGELA M 4. 2 NAME 7822 OAKMONT DR STREET ADDRESS 4.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME RODRIGUEZ, MARK 5.2 NAME STREET ADDRESS 7822 OAKMONT DR 5.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 5.4 City-ST-ZIP DELETE THILE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if change for one on an attachment with a great case. SIGNATURE:

6.3 STREET ADDRESS

STREET ADDRESS