FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L87572 (8)

1. Corporation Name
ALOMA PIZZA, INC.

Principal Place of Business
1333 W BROADWAY AVE
OVIEDO FL 32765

Mailing Address
1333 W BROADWAY AVE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3018434 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent
FREEMAN, SEAN
2915 ROUSE RD.
ORLANDO FL 32817

10. Name and Address of New Registered Agent
81 Name: Jim D. Hatfield
82 Street Address (P.O. Box Number is Not Acceptable): 4832 Edmee Circle
83
84 City: Orlando FL 85 Zip Code: 32822

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], President — 4-2-95
(Signature of Registered Agent and Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	FREEMAN, SEAN	1.2 NAME	FREEMAN, SEAN	
STREET ADDRESS	2915 ROUSE RD.	1.3 STREET ADDRESS	1333 W Broadway Ave	
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	DP	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	HATFIELD, JIM	2.2 NAME	HATFIELD, JIM	
STREET ADDRESS	4832 EDMEE CR.	2.3 STREET ADDRESS	1333 W Broadway Ave	
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	Oviedo FL 32765	
TITLE		3.1 TITLE	T	☐ Change ☒ Addition
NAME		3.2 NAME	Edgar Ernesto Kepfer	
STREET ADDRESS		3.3 STREET ADDRESS	1333 W Broadway Ave	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Oviedo FL 32765	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], Sean Freeman Vice President — 4-2-95 (407) 366-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0043510 CP