FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L87572** **(8)**

1. Corporation Name

ALOMA PIZZA, INC.

Principal Place of Business	Mailing Address
1333 W BROADWAY AVE OVIEDO FL 32765	1333 W BROADWAY AVE OVIEDO FL 32765

3. Date Incorporated or Qualified: **07/16/1990**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 1333 W Broadway Ave
22: Suite, Apt. #, etc
23: City & State: Oviedo FL
24: Zip: 32765
25: Country: USA

2a. Mailing Address
26: 1333 W Broadway Ave
27: Suite, Apt. #, etc
28: City & State: Oviedo FL
29: Zip: 32765
30: Country: USA

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

9. Name and Address of Current Registered Agent

HATFIELD, JIM D.
4832 EDMEE CIRCLE
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name: Francisco Gomez
82 Street Address (P.O. Box Number is Not Acceptable): 629 Wittingham Pl.
83: Lake Mary
84 City: **FL** 85 Zip Code: 32746

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: Evangelina Gomez — 6-27-96
Signature, typed or printed name of individual with authority to sign — (NOTE: Registered Agent's signature required when registering) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FREEMAN, SEAN 1333 W. BROADWAY AVE OVIEDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director, Secs., VP, Sec, Treasurer Francisco Gomez 629 WITTINGHAM PL. LAKE MARY, FL 32746	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HATFIELD, JIM 133 W. BROADWAY AVE OVIEDO FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KEPFER, EDGAR ERNESTO 1333 W. BROADWAY AVE OVIEDO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400001888874 -07/10/96--01013--017 ***225.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

7-9-96 JN

CR2E034 (12/95)

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: Evangelina Gomez [redacted] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/96 — (407) 366-2332
Date — Daytime Phone #

EG