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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

BONGUSTO RISTORANTE, INC.

FILED	
Feb 27 1998 8:0	00am
Secretary of S	State



Principal Plac	e of Businoss		Ma	iling Address				-
2110 N.E. 54 FT. LAUDERD	TH STREET DALE FL 33308			10 N.E. 54TH STREET . Lauderdale fl 33				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 03/08/1988
2. Principal P	lace of Business		2a.	Mailing Address	<del></del>		<del></del>	4. FEI Number Applied For
21			26					65-0033312 Not Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23 28		28					Trust Fund Contribution Added to Fees	
Zip	<b>├</b>	ountry	h	Zip		Country  8. This corporation owes or has paid the current year Intangible		
24	9. Name and A	Address of Curre	29 ent Registe	ered Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
CE	RONE, ANTONIO					B1	Name	To the state of th
56	40 NORTH FEDE	RAL HIGHWAY	•		-	32	Street Addre	ess (P.O. Box Number is Not Acceptable)
F0	rt lauderdali	E FL 33308			. T			
]					١	B3		
					Ē	14	City	EL 85 Zip Code
11. Pursuant	to the provisions o	Soctions 607.05	02 and 60	7.1508, Florida Statu	tes, the abo	940	-named corpo	oration submits this statement for the nursage of changing its registered
office or r agent. La	egistered agent, o rn familiar with, an	r both, in the Stat d accept the obli	le of Floridi gations of,	a. Such change was Section 607.0505, Fl	authorized orida Statu	by les.	the corporation	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	·							
12.	Signature, typed or printe	OFFICERS AT		731 1 11 11 1 7 7 1 1 1 1 1 1 1 1 1 1	IE Fingistered /	Agen	nt signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOTLE	D	01710011071		DELETE	1.1 101.	Ę		Change Addition
NAME	CERONE, AN				1.2 NAM	Æ		7110 N.E. 545T Ft. Land. FL. 33308.
STREET ADDRESS	3305 QUAIL				1.3 STRI	EET A	address /	CL D. A C/ 2220 G
CITY-ST-ZIP	POMPANO B	EACH FL		DELETE	1.4 CiTY	_	r-ZIP V	Fr. Land. FL. 30308 .
TITLE NAME	•			L DELETE	2.1 TITL 2.2 NAM			Change Addition
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					2. 4 CIT			
TITLE				DELETE	3.1 TITL	E		Change Addition
NAME					3.2 NAM			
STREET ADORESS							ADDRESS	
CITY-ST-ZIP TITLE				☐ DELETE	3.4. CITY 4.1 TITU		1-ZIP	☐ Change ☐ Addition
NAME				—	4.2 NAN			
STREET ADORESS					4.3 STRE	EET A	ADDRESS	
CITY-ST-ZIP		<u> </u>			4.4 CITY		- ZIP	
TITLE				☐ DELETE	5 1 TITLI			Change Addition
NAME STREET ADDRESS					5.2 NAM		ADDRESS	
CITY-ST-ZIP					5.4 CITY		ADDRESS - ZIP	
TITLE				☐ DELETE	61 TITL		-"	☐ Change ☐ Addition
NAME					62 NAM	IE.		
STREET ADDRESS					6.3 STAE	EET A	ADDRESS	·
Crity-St-ZiP	partify that the infer	maton supplied	willy fishes fell	na dage nat avalit. t	6.4 CITY			Section 119 07/2V/A Florida Statutae I further padify that the information
14. I hereby o	certify that the infor	mation supplied i	with this fili	ng dog shot qualify f	or the exen	npti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplemental annual report of 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 of truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if compared, or on an attachment with an address.