

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 # **M83295** (9)

1. Corporation Name

PIZZA U.S.A. OF AMERICAS, INC.



Principal Place of Business

Mailing Address

**MALL OF THE AMERICAS
7795 W. FLAGLER STREET, BAY 65
MIAMI FL 33126
US**

**2201 WEST SAMPLE RD.
BUILDING 9, SUITE 1B
POMPANO BEACH FL 33073
US**

3. Date Incorporated or Qualified

05/27/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

1761 W. Hillsboro Blvd.

Suite, Apt. #, etc.

#401

City & State

Deerfield Beach, FL

Zip

33442

Country

30

4. FEI Number

65-0075835

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

10. Name and Address of New Registered Agent

**WHALEN, NANCY
2201 WEST SAMPLE ROAD
BUILDING 9, SUITE 1B
POMPANO BEACH FL 33073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1761 W. Hillsboro Blvd.

83

Suite 401

84

Deerfield Beach

FL

85

**Zip Code
33442**

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 or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CASTELLANO, II, M. MARK**
STREET ADDRESS **2201 W. SAMPLE RD., BLDG. 9, 1A**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME **D CASTELLANO, JOHN**
STREET ADDRESS **2201 W. SAMPLE RD., BLDG 9, 1A**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME **P NEVIN, RAYMOND**
STREET ADDRESS **2201 W. SAMPLE RD., BLDG. 9, 1B**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE ☐ DELETE

NAME **ST WHALEN, NANCY**
STREET ADDRESS **2201 W. SAMPLE RD. BLDG. 9 #1B**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**1761 W. Hillsboro Blvd. #401
Deerfield Beach, FL 33442**

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
**1761 W. Hillsboro Blvd. #401
Deerfield Beach, FL 33442**

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
**1761 W. Hillsboro Blvd. #401
Deerfield Beach, FL 33442**

☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
**1761 W. Hillsboro Blvd. #401
Deerfield Beach, FL 33442**

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Nancy L. Whalen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy L. Whalen

4/19/96

954-428-5660

Date

Daytime Phone #

CP2E034 (12/95)