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 # P92000004188 (8)

MONA LISA ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
2700 SW 8TH ST MIAMI FL 33135	2700 SW 8TH ST Miami Fl 33135	
		3. [
2. Principal Place of Business	2a. Mailing Address	4. F
21	26	
Suite Ant # etc	Suite Ant # etc	

FILED Mar 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			I IONALDUD II Q (SELAN AIGIL OBILI DOIA) DA	411 0 0111 0 0411 01001 14001 18 1	INF INTERNATION		
2700 SW 8TH ST 2700 SW 8TH ST							
MIAMI FL 33	3135	MIAMI FL 33135			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified	: IIV THIS SPACE	
					11/13/1992		
2. Principal	Piace of Business	2a. Mailing Address			4. FEI Number	1 IAI	pplied For
21		26			65-0370345		ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27			s, Cermicale of Status Desired	Fee Re	equired
City & Sta	ate	City & State			Election Campaign Financing		May Be
23 Zip	Country	28 7in	T	nte.	Trust Fund Contribution		to Fees
24	25	Zip 29	30 Cour	ntry	8. This corporation owes or has pa		tangible
24	g. Name and Address of Curre		[30]		Personal Property Tax due June 10. Name and Address of New Re		7 140
SI	EGEL, BERNARD F			61 Name			
	31 SW 62ND AVE			00 0	// / / / / / / / / / / / / / / / / / /		
	JITE 203			B2 Street A	ddress (P.O. Box Number is Not Acceptab	яө)	
	IAMI FL 33143		ľ	83	- · · · · · · · · · · · · · · · · · · ·	,	
, 			ŀ	04 03			
				84 City		FL 85 Zip	Code
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the ab	ove-named c	corporation submits this statement for the p	urpose of changing it	s registered
agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, Fl	autnorized Iorida Stati	i by the corpo ites.	oration's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE	-						
	Signature typed or printed name of registered ag			Agent signature re	equired when reinstating)	DATE	F
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	GEORGUSSIS, ALIKI	☐ DELETE	1.1 TIT	-		L Change	Addition
STREET ADDRESS	1631 SW 11TH ST		1.2 NA				
CITY-ST-ZIP	MIAMI FL			REET ADDRESS			ا ا
TITLE	D	DELETE	2.1 TIT	Y-ST-ZIP		☐ Change	Addition
NAME	GEORGUSSIS, HRISTOS C		2.2 NA			ongo	
STREET ADDRESS	1631 SW 11TH ST			REET ADDRESS			
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP			1
TITLE	0	DELETE	3.1 TITI			Change	Addition
NAME	GEORGUSSIS, KOSTAS		3.2 NA	ME			
STREET ADDRESS	1631 SW 11TH ST		3.3 STR	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELET E	4.1 1110	.E		Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS	1		4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELET E	5.1 TITU	.E [Change	Addition
NAME			5.2 NA	ΛE.	40000245 -03/17/980104 ***150.00	9334	
STREET ADDRESS			5.3 STR	EET, ADDRESS	-03/17/980104	1017	
CITY-ST-ZIP				Y-ST-ZIP	***150.UU		
TITLE		☐ DELETE	6.1 TITL		•	Change	Addition
NAME			6.2 NA	1		Ď.	6,12
STREET ADDRESS			6.3 STR	EET ADDRESS		\	3.17
ALTY OF TIP	1						

14. I hereby 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 of 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 changes.