SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000016830 (0)

LA SUPREMA PIZZA, INC.

FILED 96 SEP -4 PM 2: 52



11010 WILES F CORAL SPRING		11010 WILES RD Coral Springs FL 330	067			
					3. Date Incorporated or Qualified 03/05/1993	3a. Date of Last Report 10/03/1995
. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
		26			<b>65-0467964</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>I</sub> p	Country	Zıp	Country 30		8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No
<u> </u>	9. Name and Address of Curren		30	<del></del>	10. Name and Address of New Re	gistered Agent
	9. Name and Address of Curren	it Hegistered Agent	81	Name		Z
PIR	RONE, ROSARIO				(DO D. M. ask as in Not Associate	da\
11010 WILES RD CORAL SPRINGS FL 33067			82	2 Street Address (P.O. Box Number is Not Acceptable)		
			83			
æ						85 Zip Code
			84	City		FL
	the are delene of Continue 607 050	22 and 607 1508. Florida Statute	es the above-	named corp	poration submits this statement for the pr	urpose of changing its registered
office or req agent. I am	gistered agent, or both, in the State if familiar with, and accept the oblig	of Florida Such change was a ations of Section 607.0505, Flo	uthorized by t orida Statutes.	he corporati	oration submits this statement for the prion's board of directors. I hereby accept	t the appointment as registered
SIGNATURE _	ignature Typed or printed name of registered age	eril and life if applicable (NOT	F R⊷g sterod Age	of signature requi	ired whee reinstating"	DATE
2.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TIFLE	PD	DELETE	1 1 TITLE			Change Addi
	, <del>-</del>		1.2 NAME			
LAME	PIRRONE, ROSARIO		1.2 NAME 1.3 STREET	ADDRESS	1000	001947491
NAME STREET ADDRESS	PIRRONE, ROSARIO 4820 CLINTON BLVD				-09/16/	/9601019003
NAME STREET ADORESS CITY - ST - ZIP	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL	DELETE	1.3 STREET		-09/16/	DB1947491 /9601019003 /5.00 L****23100
NAME STREET ADDRESS CITY-ST-ZIP	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD	DELETE	1.3 STREET 1.4 CITY - S		-09/16/	/9601019003
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA	DELETE	1.3 STREET 1.4 CITY-S 2.1 TITLE	T-ZIP	-09/16/	/9601019003
NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA 4820 CLINTON BLVD	[_] DELETE	1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME	T-ZIP ADDRESS	-09/16/	/9601019- <u>-003</u> 25.00 [ <b>****©251.00</b>
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA	DELETE	1.3 STREET 1 4 CITY - S 2 1 TITLE 2 2 NAME 2 3 STREET	T-ZIP ADDRESS	-09/16/ ****22	/9601019 <u>003</u> 25.60 [ <b>*****2251.00</b> 
NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA 4820 CLINTON BLVD LAKE WORTH FL T		1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S	T-ZIP ADDRESS	-09/16/ ****22 1 DOI	/9601019003 25.00 *****2251.00 
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA 4820 CLINTON BLVD LAKE WORTH FL T PIRRONE, ANGELA		1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE	T - ZIP  ADDRESS ST - ZIP	-09/16/ ****22 1 <b>0 0</b> 0 -09/16/	/9601019003 25.00 L****235L00 
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA 4820 CLINTON BLVD LAKE WORTH FL T PIRRONE, ANGELA 11010 WILES ROAD		1.3 STREET  1.4 CITY - S  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY - S  3.1 TITLE  3.2 NAME	T-ZIP  ADDRESS SI-ZIP  ADDRESS	-09/16/ ****22 1 <b>0 0</b> 0 -09/16/	/9601019003 25.00 L****235.00 
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA 4820 CLINTON BLVD LAKE WORTH FL T PIRRONE, ANGELA 11010 WILES ROAD CORAL SPRINGS FL		1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET	T-ZIP  ADDRESS SI-ZIP  ADDRESS	-09/16/ ****22 1 <b>0 0</b> 0 -09/16/	/9601019003 25.00 L****235L00 
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NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA 4820 CLINTON BLVD LAKE WORTH FL T PIRRONE, ANGELA 11010 WILES ROAD CORAL SPRINGS FL S PIRRONE, JOANNE 11010 WILES ROAD	DELETE	1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 4.5 CITY - S 4.5 CITY - S 4.7 CITY -	T-ZIP  ADDRESS SI-ZIP  ADDRESS SI-ZIP	-09/16/ ****22 1 <b>0 0</b> 0 -09/16/	/9601019003 25.80
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PIRRONE, ROSARIO 4820 CLINTON BLVD LAKE WORTH FL VD PIRRONE, FELICIA 4820 CLINTON BLVD LAKE WORTH FL T PIRRONE, ANGELA 11010 WILES ROAD CORAL SPRINGS FL S PIRRONE, JOANNE 11010 WILES ROAD	DELETE	1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - 4.1 FITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME	T-ZIP  ADDRESS SI-ZIP  ADDRESS SI-ZIP	-09/16/ ****22 1 <b>0 0</b> 0 -09/16/	/9601019003 25.80
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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 office for director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 17 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PUGS 8-29-90 95471540