

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016830 (0)

1. Corporation Name

LA SUPREMA PIZZA, INC.

FILED

96 SEP -4 PM 2: 52

SECRETARY OF STATE



Principal Place of Business Mailing Address
11010 WILES RD
CORAL SPRINGS FL 33067 11010 WILES RD
CORAL SPRINGS FL 33067

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
03/05/1993 10/03/1995

4. FEI Number Applied For
65-0467964 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

PIRRONE, ROSARIO
11010 WILES RD
CORAL SPRINGS FL 33067

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS PIRRONE, ROSARIO
CITY - ST - ZIP 4820 CLINTON BLVD
LAKE WORTH FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS PIRRONE, FELICIA
CITY - ST - ZIP 4820 CLINTON BLVD
LAKE WORTH FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS PIRRONE, ANGELA
CITY - ST - ZIP 11010 WILES ROAD
CORAL SPRINGS FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS PIRRONE, JOANNE
CITY - ST - ZIP 11010 WILES ROAD
CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS 100001947491
14 CITY - ST - ZIP -09/16/96--01019--003
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
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31 TITLE
32 NAME
33 STREET ADDRESS 100001947491
34 CITY - ST - ZIP -09/16/96--01019--004
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41 TITLE
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61 TITLE
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63 STREET ADDRESS
64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PNC 8-29-96 95475407