

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Michigan
Secretary of State
Tallahassee, Florida 32399-0001

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031230 (4)

1. Corporation Name
MAMMA MIA PIZZERIA RESTAURANT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 13787 S.W. 152 ST MIAMI FL	Mailing Address 13787 S.W. 152 ST MIAMI FL
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3. Date Incorporated or Qualified 04/28/1993	3a. Date of Last Report 02/01/1994
4. FID Number 65-0415470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Fixed Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.012 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State Apt # etc.	2a. Mailing Address 26 State Apt # etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**LEVINE, MICHAEL D
% LOTT & LEVINE
5975 SUNSET DR., STE. 302
MIAMI FL 33143**

10. Name and Address of New Registered Agent

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 607.0401 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. This 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 607.0405 Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME DP ROCCHETTI, VINCENZA	12.2 STREET ADDRESS 10710 S.W. 146TH COURT MIAMI FL 33186	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME
12.3 STREET ADDRESS	12.4 CITY & STATE	13.3 STREET ADDRESS	13.4 CITY & STATE
12.5 CITY & STATE	12.6 ZIP	13.5 TITLE	13.6 NAME
12.7 NAME	12.8 STREET ADDRESS	13.7 STREET ADDRESS	13.8 CITY & STATE
12.9 STREET ADDRESS	12.10 CITY & STATE	13.9 CITY & STATE	13.10 NAME
12.11 CITY & STATE	12.12 ZIP	13.11 TITLE	13.12 NAME
12.13 NAME	12.14 STREET ADDRESS	13.13 STREET ADDRESS	13.14 CITY & STATE
12.15 STREET ADDRESS	12.16 CITY & STATE	13.15 CITY & STATE	13.16 NAME
12.17 CITY & STATE	12.18 ZIP	13.17 TITLE	13.18 NAME
12.19 NAME	12.20 STREET ADDRESS	13.19 STREET ADDRESS	13.20 CITY & STATE
12.21 STREET ADDRESS	12.22 CITY & STATE	13.21 CITY & STATE	13.22 NAME
12.23 CITY & STATE	12.24 ZIP	13.23 TITLE	13.24 NAME
12.25 NAME	12.26 STREET ADDRESS	13.25 STREET ADDRESS	13.26 CITY & STATE
12.27 STREET ADDRESS	12.28 CITY & STATE	13.29 CITY & STATE	13.30 NAME
12.29 CITY & STATE	12.30 ZIP	13.31 TITLE	13.32 NAME
12.31 NAME	12.32 STREET ADDRESS	13.33 STREET ADDRESS	13.34 CITY & STATE
12.33 STREET ADDRESS	12.34 CITY & STATE	13.35 CITY & STATE	13.36 NAME
12.35 CITY & STATE	12.36 ZIP	13.37 TITLE	13.38 NAME
12.37 NAME	12.38 STREET ADDRESS	13.39 STREET ADDRESS	13.40 CITY & STATE
12.39 STREET ADDRESS	12.40 CITY & STATE	13.41 CITY & STATE	13.42 NAME
12.41 CITY & STATE	12.42 ZIP	13.43 TITLE	13.44 NAME
12.43 NAME	12.44 STREET ADDRESS	13.45 STREET ADDRESS	13.46 CITY & STATE
12.45 STREET ADDRESS	12.46 CITY & STATE	13.47 CITY & STATE	13.48 NAME
12.47 CITY & STATE	12.48 ZIP	13.49 TITLE	13.50 NAME
12.49 NAME	12.50 STREET ADDRESS	13.51 STREET ADDRESS	13.52 CITY & STATE
12.51 STREET ADDRESS	12.52 CITY & STATE	13.53 CITY & STATE	13.54 NAME
12.53 CITY & STATE	12.54 ZIP	13.55 TITLE	13.56 NAME
12.55 NAME	12.56 STREET ADDRESS	13.57 STREET ADDRESS	13.58 CITY & STATE
12.57 STREET ADDRESS	12.58 CITY & STATE	13.59 CITY & STATE	13.60 NAME
12.59 CITY & STATE	12.60 ZIP	13.61 TITLE	13.62 NAME
12.61 NAME	12.62 STREET ADDRESS	13.63 STREET ADDRESS	13.64 CITY & STATE
12.63 STREET ADDRESS	12.64 CITY & STATE	13.65 CITY & STATE	13.66 NAME
12.65 CITY & STATE	12.66 ZIP	13.67 TITLE	13.68 NAME
12.67 NAME	12.68 STREET ADDRESS	13.69 STREET ADDRESS	13.70 CITY & STATE
12.69 STREET ADDRESS	12.70 CITY & STATE	13.71 CITY & STATE	13.72 NAME
12.71 CITY & STATE	12.72 ZIP	13.73 TITLE	13.74 NAME
12.73 NAME	12.74 STREET ADDRESS	13.75 STREET ADDRESS	13.76 CITY & STATE
12.75 STREET ADDRESS	12.76 CITY & STATE	13.77 CITY & STATE	13.78 NAME
12.77 CITY & STATE	12.78 ZIP	13.79 TITLE	13.80 NAME
12.79 NAME	12.80 STREET ADDRESS	13.81 STREET ADDRESS	13.82 CITY & STATE
12.81 STREET ADDRESS	12.82 CITY & STATE	13.83 CITY & STATE	13.84 NAME
12.83 CITY & STATE	12.84 ZIP	13.85 TITLE	13.86 NAME
12.85 NAME	12.86 STREET ADDRESS	13.87 STREET ADDRESS	13.88 CITY & STATE
12.87 STREET ADDRESS	12.88 CITY & STATE	13.89 CITY & STATE	13.90 NAME
12.89 CITY & STATE	12.90 ZIP	13.91 TITLE	13.92 NAME
12.91 NAME	12.92 STREET ADDRESS	13.93 STREET ADDRESS	13.94 CITY & STATE
12.93 STREET ADDRESS	12.94 CITY & STATE	13.95 CITY & STATE	13.96 NAME
12.95 CITY & STATE	12.96 ZIP	13.97 TITLE	13.98 NAME
12.97 NAME	12.98 STREET ADDRESS	13.99 STREET ADDRESS	13.100 CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.027(6)(b) 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. 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 of this report or on an attachment with an address.

SIGNATURE: *Vincenza Rocchetti*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

MAY 3/95