SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000031764 (2)**

1. Corporation Name

PORTOFINO CAFE, INC.

Principal Place of Business	Mailing Address
525 LINCOLN ROAD MIAMI BEACH FL 33139	525 LINCOLN ROAD MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0407359 ☐ 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

NACCARATO, MARY T
701 BRICKELL AVE
SUITE 2200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: MARC POSTELNEK
82 Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Rd
83: Suite 11B
84 City: Miami Beach 85 Zip Code: FL 33139

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: Giancarlo Lasio — 7/31/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GIANCARLO, LASIO	12 NAME	
STREET ADDRESS	625 LINCON RD	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	TRAVERSA, ROBERTO	22 NAME	D MASSIMO BONETTI
STREET ADDRESS	525 LINCOLN ROAD	23 STREET ADDRESS	625 Lincoln Rd
CITY ST ZIP	MIAMI BEACH FL 33139	24 CITY ST ZIP	Miami Beach Fl. 33139
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	D PAOLO DOINO
STREET ADDRESS		33 STREET ADDRESS	525 Lincoln Rd
CITY ST ZIP		34 CITY ST ZIP	Miami Beach, FL 33139
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	D TONINO DOINO
STREET ADDRESS		43 STREET ADDRESS	525 Lincoln Rd
CITY ST ZIP		44 CITY ST ZIP	Miami Beach Fl. 33139
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 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: Giancarlo Lasio — Giancarlo Lasio — 538-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044706 CP