
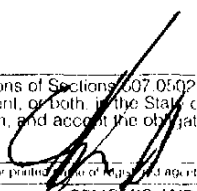


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000048181 (0) 1. Corporation Name PUCCI'S PIZZA, INC.					
Principal Place of Business 651 WASHINGTON AVENUE MIAMI BEACH FL 33139			Mailing Address C/O BRADSHAW LOTSPEICH, P.A. 950 SOUTH MIAMI AVENUE MIAMI FL 33130		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-4090566	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOTSPEICH, BRADSHAW P.A. 950 S. MIAMI AVE MIAMI FL 33130			10. Name and Address of New Registered Agent		
			81 Name GEORGE L. BRITO		
			82 Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD Suite S-B		
			83		
			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  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE PD		1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME PUCCIO, THOMAS		1.2 NAME			
STREET ADDRESS 651 WASHINGTON AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH NY 33139		1.4 CITY-ST-ZIP			
TITLE VD		2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME ARCE, JUAN C		2.2 NAME			
STREET ADDRESS 651 WASHINGTON AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

SIGNATURE: X Thomas Puccio

4-23-98 305673-8/33

CR2E034 (10/97)