

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

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

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22. City & State

23
City & State

27. City & State

28
City & State

24. Zip

25

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LOTSPREICH, BRADSHAW P.A.
950 S. MIAMI AVE
MIAMI FL 33130**

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

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

Signature, typed 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 IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

4-23-98 305673-8/33



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

65-4090566

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

GEORGE L. BRITO

407 LINCOLN ROAD SUITE S-B

CR2E034 (10/97)