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

POCUMENT # P93000062167 (0)

DAGIOVANNI RESTAURANT, INC.

Principal Plac 340 BISCAYN MIAMI FL 33 US	E BLVD	Mailing Address 18305 BISCAYNE BLVD SUITEE 302 MIAMI FL 33160 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
L					08/30/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied Fo		
21 26					65-0544266 Not Applica		
22		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additions Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Žφ	Country Zip			8. This corporation owes of has paid the current year Intangible Personal Property Tax due June 30. X Yes No			
24	25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
Di	ARPINO, EUGENIO	it topictores Apolic	B1	Name			
939 NORTH FEDERAL HIGHWAY HOLLYWOOD FL			82 63	12 H	at Address (P.O. Box Number is Not Acceptable) 220 Diplomat Parkway Ouy Wood		
1			89	City	FL 85 Zip Code 33019]	
11. Pursuant office or r agent. I a SIGNATURE			tes, the above authorized borida Statute	e-named y the corp s.	ed corporation submits this statement for the purpose of changing its registed or poration's board of directors. I hereby accept the appointment as registered	ed ed	
	Signature, typed or printed name of registered age	··-		ent signature	ure required when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	lition	
TITLE	DELETE		1.1 TITLE		Change Add	MOON E	
NAME	D'ARPINO, EUGENIO		1.2 NAME	ļ	1280 5 31 wh Bakens	5	
	STREET ADDRESS 939 NORTH FEDERAL HWY			T ADDRESS	1220 Diplomut Parkway Hollywood FL 33019	Įŭ	
CITY - ST - ZIP	HOLLYWOOD FL	LINGETE	1.4 CITY-	ST-ZIP	HOLLYWOOD FL 330/9	م احدون	
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NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS	[†] }	}	
CITY-ST-ZIP TITLE		T DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	Change Add	lition	
NAME		C) better	3.2 NAME	ļ		"""	
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NAME		_ outer	5.2 NAME	}	J Orange C Aud	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS				T ADDRESS	,		
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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 an early of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address. 14. Thereby certify that the information supprindicated on this annual report or supprindicated on the corporation of the corp

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

954-921-4965

FILED

May 04 1998 8:00am

Secretary of State