FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000063383 (2)**

1. Corporation Name

CO. TI. RESTAURANTS USA, INC.

Principal Place of Business	Mailing Address
7625 SAND LAKE ROAD SUITE 202 ORLANDO FL 32819 US	7625 SAND LAKE ROAD SUITE 202 ORLANDO FL 32819 US

3. Date Incorporated or Qualified: 09/07/1993	3a. Date of Last Report: 06/27/1995
4. FEI Number: 59-3211277	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 2419 So Hiawasee Road	26 Street Address: 501 Main Street
22 Suite, Apt. #, etc:	27 Suite, Apt. #, etc:
23 City & State: Orlando, Fl	28 City & State: Windermere, Fl
24 Zip: 32835 25 Country: Orange	29 Zip: 34786 30 Country: Orange

9. Name and Address of Current Registered Agent

DENSMORE, JAMES K.
7625 SAND LAKE ROAD
SUITE 202
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: Karen West
82 Street Address (P.O. Box Number is Not Acceptable): 501 Main Street
83
84 City: Windermere FL 85 Zip Code: 34786

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: Karen West DATE: 2/1/96

(Signature of New Registered Agent, if changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CORTELLETTI, GIULIANO		1.2 NAME		
STREET ADDRESS	7625 SAND LAKE ROAD, SUITE 202		1.3 STREET ADDRESS	501 Main Street	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Windermere, Fl 34786	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CORTELLETTI, INGEBORG R		2.2 NAME		
STREET ADDRESS	7625 SAND LAKE ROAD, SUITE 202		2.3 STREET ADDRESS	501 Main Street	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Windermere, Fl 34786	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CORTELLETTI, MICHAEL		3.2 NAME		
STREET ADDRESS	7625 SAND LAKE ROAD, SUITE 202		3.3 STREET ADDRESS	501 Main Street	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Windermere, Fl 34786	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] PSTD. 2/1/96 -407-892-9228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #