



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000063383

1. Corporation Name  
CO. TI. RESTAURANTS USA, INC.

FILED  
Jul 27, 1999 8:00 am  
Secretary of State  
07-27-1999 90022 020 \*\*\*150.00



Principal Place of Business  
2419 SOUTH HIAWASEE ROAD  
SUITE 202  
ORLANDO FL 32835  
US

Mailing Address  
2419 SOUTH HIAWASEE ROAD  
SUITE 202  
ORLANDO FL 32835  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/07/1993

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  
CORTELETTI, GIULIANO  
2419 SOUTH HIAWASEE ROAD  
SUITE 202  
ORLANDO FL 32835

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

TITLE PSTD  
NAME CORTELETTI, GIULIANO  
STREET ADDRESS 2419 SOUTH HIAWASEE ROAD  
CITY-ST-ZIP ORLANDO FL 32835

☐ DELETE

TITLE D  
NAME CORTELETTI, INGEBORG  
STREET ADDRESS 2419 SOUTH HIAWASEE ROAD  
CITY-ST-ZIP ORLANDO FL 32835

☐ DELETE

TITLE D  
NAME CORTELETTI, MICHAEL  
STREET ADDRESS 2419 SOUTH HIAWASEE ROAD  
CITY-ST-ZIP ORLANDO FL 32835

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:  7/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/99)

P93000063383  
596433-90022-20

July 14, 1999

Florida Dept. of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302

Gentlemen:

I am in receipt of your 2<sup>nd</sup> notice regarding the 1999 annual report for my corporation.

I have enclosed a check in the amount of \$150.00, as I never received the first annual report notice or I would have paid it on time.

Thank you for your assistance in this matter.

Very truly yours,

  
Giuliano Cortelletti

Encl.