

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000081356 (6)**

1. Corporation Name

MARIA'S ITALIAN RESTAURANT AND CAFE, INC.



Principal Place of Business

157 NORTH U.S. HWY. 1
 TEQUESTA FL 33469

Mailing Address

157 NORTH U.S. HWY. 1
 TEQUESTA FL 33469

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/24/1993

3a. Date of Last Report

05/01/1995

4. FET Number

65-0450249

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. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GUAGLIARDO, GIACOMO
 157 NORTH U.S. HWY. 1
 TEQUESTA FL 33469

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

12. OFFICERS AND DIRECTORS

TITLE	DSP	<input type="checkbox"/> DELETE
NAME	GUAGLIARDO, GIACOMO	
STREET ADDRESS	11105 157TH ST.	
CITY- ST- ZIP	JUPITER FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	OLIVEIRA, FRANCISCO C	
STREET ADDRESS	188 N.W. 45 AVE.	
CITY- ST- ZIP	DEERFIELD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23.1 TITLE	
23.2 NAME	
23.3 STREET ADDRESS	
23.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33.1 TITLE	
33.2 NAME	
33.3 STREET ADDRESS	
33.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43.1 TITLE	
43.2 NAME	
43.3 STREET ADDRESS	
43.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53.1 TITLE	
53.2 NAME	
53.3 STREET ADDRESS	
53.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63.1 TITLE	
63.2 NAME	
63.3 STREET ADDRESS	
63.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, the officer or director 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

V.P.

03-17-96

407-575-5559

CR2E034 (12/95)