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**Mar 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33469-2737**

3. Date Incorporated or Qualified: **11/24/1993**
3a. Date of Last Report: **03/21/1996**
4. FEI 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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GIACOMO G. GUAGLIARDO		
1.3 STREET ADDRESS	11105 157 ST. N.		
1.4 CITY- ST- ZIP	JUPITER FL 33478		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	OLIVEIRA, FRANCISCO		
2.3 STREET ADDRESS	10681 SE Le Parc		
2.4 CITY- ST- ZIP	TEQUESTA, FL. 33469		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do 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 or on an attachment with an address.

SIGNATURE: *[Signature]* (P.R.S.) **GIACOMO GUAGLIARDO** 2/25/97 (407) 575-5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)