SECOND NOTICE: CORPORATION, WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000081356 (6)

MARIA'S ITALIAN RESTAURANT AND CAFE, INC.

FILED Oct 07 1998 8:00am Secretary of State



Principal Plac	e of Business	Malling Address			1	T I CONTACTI THE TELES STATE BOUND BOWN BOWN BOUND BOOM STORE STATE BOUND STAT	
157 NORTH U. TEQUESTA FL	ncipal Place of Business ite, Apt. #, etc. y & State	157 NORTH U.S. HWY. 1 TEQUESTA FL 33469					
			4			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2 Principal P	Place of Rusiness	2a. Mailing Address				. 11/24/1993 4. FEI Number Applied For	
21		26. Walling Address				1.45.0010.	
		Suite, Apt. #, etc.				65-0450249 Not Applicable \$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Regulaed	
City & Stat	e	City & State				6. Election Campaign Financing - \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Col	untry		8. This corporation owes or has paid the current year Intangible	
24		29	30			Personal Property Tax due June 30. Yes No	
<u> </u>		nt Registered Agent				10. Name and Address of New Registered Agent	
	(GLIARDO, GIACOMO			81	Name		
157 NORTH U.S. HWY. 1				t Address (P.O. Box Number is Not Acceptable)			
TEQ	UESTA FL 33469						
				83		•	
				84	City	85 Zip Code	
				<u> </u>	•	 	
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.	······································	ID DIRECTORS	13.		IDIN BIGINOLO	→ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TI			Change Addition	
NAME	GUAGLIARDO, GIACOMO	2 2	1.2 N	AME			
STREET ADDRESS	11105 157 ST N		1.3 \$1	TREET	ADDRESS		
CITY-ST-ZIP	Jupiter Fl		1.4 CI	ITY-\$T-	ZIP		
TITLE	DVT	DELETE	2.1 To	TLE		Change Addition	
NAME	OLIVEIRA, FRANCISCO C		2.2 N/	AME			
STREET ADDRESS	10681 SE LE PARC		2.3 ST	TREE T A	ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		2.4 CI	TY-ST-	ZIP	e tel	
TITLE		DELETE	3.1 TI	TLE		Change Addition	
NAME			3.2 N	AME.			
STREET ADDRESS			3.3 \$1	REET A	ADDRESS		
CITY-ST-ZIP				TY-ST-	ZIP		
TITLE		DELETE	4.1 10			Change Addition	
NAME			4.2 N/				
STREET ADDRESS					DDRESS		
CITY-ST-ZIP				TY-ST-	ZIP		
TITLE NAME	ı	L DELETE	5.1 TI 5.2 NA			Change Addition	
STREET ADDRESS					hnores		
i					DORESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 T()	TY-ST-2 TLF	Z(P		
NAME		[] DELETE	6.2 NA			Change Addition	
STREET ADDRESS			F		DDRESS	1	
CITY-ST-ZIP				TY-ST-Z	- 1		
OTT TO TAIF			0.4 01	11-31-2	ur	<u> </u>	

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 charged, or on an attachment with an address.

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