

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:15

DOCUMENT # P94000011812 (2)

1. Corporation Name

HIALEAH GARDENS PIZZA, INC.

Principal Place of Business

9725 N.W. 41ST ST.
MIAMI FL 33178

Mailing Address

9725 N.W. 41ST ST.
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 12519 W. OKEECHOBEE RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 9725 N.W. 41ST ST.

4. FEI Number

65-0480266

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

7. This corporation has liability for intangible tax under s. 199.002, Florida Statutes

Yes No

22

City & State

23 HIALEAH GARDENS, FL.

27

City & State

28 MIAMI, FL.

24

Zip

3070

Country

25 DADE

29

Zip

33178

Country

30 DADE

9. Name and Address of Current Registered Agent

DIAZ, ANTONIO C
9360 SUNSET DRIVE
SUITE 260
MIAMI FL 33173

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSD
RYON, THOMAS N JR
3877 ESTEPONA AVE.
MIAMI FL 33178

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PRESIDENT, SECRETARY, DIRECTOR Change Addition

12 NAME

LEONARDA TERRUZA

13 STREET ADDRESS

5936 N.W. 52ND TERR.

14 CITY - ST - ZIP

MIAMI, FL. 33178

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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)(b), 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. On an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-95 594-9332

Date

Signature Number