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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P94000023969 (6)

	e pasta restaurant, in	G.			
Principal Place	e of Business	Mailing Address		i saminmbe ista saeri medist d	aute mastri maint elanda leiliä taliin äilifä tähi isaki
12669 \$ DIX MIAMI FL 33		12669 S DIXIE HWY MIAMI FL 33156			
				<ol><li>Date Incorporated or Qualified</li></ol>	d 3a. Date of Last Report
2 Principal Pi	lace of Business			03/19/1994	08/09/1995
	KENNEDY CSWY	2a. Mailing Address 26 /400 KENNE	au ecus	4. FEI Number	Applied For
Suite, Apt		Suite, Apt. #, etc.	or csur	65-0521248	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23 NOPTH		28 NORTH BAY	VILLAGE FL	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24 3314	9. Name and Address of Curren	[29] 33141	30 USA	Florida Statutes	es 🙀 No
	s. Name and Address of Curren	i negistereo Agent	81 Name	10. Name and Address of New	Registered Agent
711070	OHIOERDE		, and	JAZARES MART	1415
	, GIUSEPPE		82 Street Ac	idress (P.O. Box Number is Not Accept	able)
	S DIXIE HWY		83	OO KENNEDY (SW)	
MIAMI F	EL 33156				
			84 City		<b>85</b> Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes	Alternation of the second of t	ORTH BAY VILLAGE	FL 33141 urpose of changing its registered office
or register familiar wit	red altent, or both, in the State of Floric th, and accept the obligations of, Stati	In Such change was authorized on 607 0505, Edwida Statutos	by the curporation's bo	poration submits this statement for the poard of directors. I hereby accept the ap	urpose of changing its registered office ipointment as registered agent. I am
SIGNATURE	tura la ti	on controposit romas citatates		intins	
	Signatina Types On a ribal harbe of registeros again.		Rountered Agent squature requ	and when rengthing	4/30/96
12.	OFFICERS AND		13.		FICERS AND DIJECTORS IN 12
TITLE	PD	DELETE	* 1 TITLE	JAZARES MARTI	
NAME	CORTEZ, FERNANDO		1.2 NAME	ST D	<b>4</b> 2
STREET ADDRESS		KENNEDY CSWY	1.3 STREET ADDRESS	THOS I STATE OF C	cias <b>y</b>
CITY - ST - ZIP	MIAMI FL 33156 NO 27H BA	V VILLAGE 17 30171	14 CHY ST ZIP	NORTH BAY YILLAG	E FL 33/4/
TIFLE	STD	DÉLETE	2 1 TITLE		Change Addition
NAME CTOCCT ADDRESS	ZUOZO, GIUSEPPE		2.2 NAME		
STREET ADDRESS	12669 S DIXIE HWY		2.3 STREET ADDRESS		
CITY-ST-Z-P TITLE	MIAMI FL 33156	DELETE	2 4 CITY - ST - ZIP		
NAME		[ ] beer in	3 1 TIFLE		Change Addition
STREET ADDRESS			3 2 NAME		
CITY-ST-2IP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY - S1 - ZIP 4.1 TITLE		Charge D Add
NAME		<u></u>	4.2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADORESS		
CITY · ST · ZIP			4 4 City - St - ZiP		
THILE	7117/1	DELETE	5 1 TILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		:
City - St - ZiP			5.4.C/TY - \$1 - Z/P		İ
TUTE		DELETE	6 1 THILE	(24)	Change Addition
NAME			€ 2 NAME		
ļ			6.3 STREET ADDRESS		
	certify that the information contact	ith this films is a first to the	6.4 CITY - ST - ZIP		
STREET ADDRESS CITY - ST - ZIP 14. If do hereby certify that oath; that I	r certify that the information supplied withe information indicated on this armost am an officer or director of the corporablock 12 or Block 13 if changed, or or	ation or the receiver or trustee or	63 STREET ADDRESS 64 CITY - ST-ZIP ed and does not qualify report is true and accur	for the exemption stated in Section 11s ate and that my signature shall have the his report as required by Chapter 607, F	9.07(3)(k). Florida Stalutes. I furth 3 sanie legai effect as if made ur Iorida Statutes; and Inat my nan

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARTINS

4/30/96

305-865-7611