

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

05 MAY -1 PM 2:17

DOCUMENT # P94000024829 (1)

For Corporation Name:

RISTORANTE TRASTEVEVE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**400 S. ORLANDO AVE.
WINTER PARK FL 32789**

Home Address:

**400 S. ORLANDO AVE.
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report
4. FEI Number 59-3225628	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	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Locality	25. Locality
29. Locality	30. Locality

9. Name and Address of Current Registered Agent

**ROSATI, ITALO
908 COPPERFIELD TERRACE
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.1508 Florida Statutes, the above named corporation submits the 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 Sections 607.01(2)(b) Florida Statutes.

SIGNATURE

By: (Print Name, Title, and Address of Registered Agent with the Corporation)

By: (Print Name, Title, and Address of Registered Agent with the State)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	D ROSATI, ITALO 908 COPPERFIELD TERR. CASSELBERRY FL 32707	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
LOCALITY		LOCALITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
LOCALITY		LOCALITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
LOCALITY		LOCALITY	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(1)(b) Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a of this report, or on the statement with an address.

SIGNATURE:

ITALO ROSATI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 (407)644-9664