SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000024829 (1)**

1. Corporation Name
RISTORANTE TRASTEVERE INC.

Principal Place of Business
400 S. ORLANDO AVE.
WINTER PARK FL 32789

Mailing Address
400 S. ORLANDO AVE.
WINTER PARK FL 32789

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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

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: Robert Resmondo
82 Street Address (P.O. Box Number is Not Acceptable): 903 Stetson St
83
84 City: Orlando FL 85 Zip Code: 32789

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: X
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROSATI, ITALO	
STREET ADDRESS	908 COPPERFIELD TERR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	PRESIDENT	☐ DELETE
NAME	ROBERT RESMONDO	
STREET ADDRESS	903 STETSON ST	
CITY-ST-ZIP	ORLANDO, FL 32789	
TITLE	Vice President Treasure	☐ DELETE
NAME	michael M Brown	
STREET ADDRESS	505 E Amelia	
CITY-ST-ZIP	Orlando, Fl 32892	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	☐ Change ☑ Addition
2.2 NAME	Robert Resmondo	
2.3 STREET ADDRESS	903 stetson st	
2.4 CITY-ST-ZIP	Orlando, Fl 32789	
3.1 TITLE	Vice President Treasure	☐ Change ☑ Addition
3.2 NAME	michael Brown	
3.3 STREET ADDRESS	505 E Amelia	
3.4 CITY-ST-ZIP	Orlando, Fl 32892	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0008109 CP