## 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

P94000056065 (3) **DOCUMENT #** 

I PAPA	Arazzi restorante, II	NC.		 	
Principal Place	e of Business	Mailing Address			
940 OCEAN DR. MIAMI BEACH FL 33139		940 OCEAN DR. MIAMI BEACH FL 33139			
A Delicated Of	of D. door			3. Date Incorporated or Oxidified 07/28/1994	04/27/1995
Principal Place of Business     1		2a. Mailing Address		4. FET Number 65 -1	525692 Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03 03 13200	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30 Sodritry	8. This corporation has liability for Florida Statutes	r intangible tax under si 199.032, si ∭No
	9. Name and Address of Cu			10. Name and Address of New	
			81 Name		· · · · · · · · · · · · · · · · · · ·
	N, JOHN R III		82 Street Add	Iress (P.O. Box Number is Not Accepta	ble)
100 SE 2ND ST.				·	
SUITE 3	•	1	83		
MIAMI F	L 33131-1101		<b>84</b> City		85 Zip Code
SIGNATURE _	n, and accept the obligations or, s	section 607.0505, Fiorida Statute	98. Kirk Bagidenad Agent sijn in menioon		DATE
12.	P	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME _	BAGABA, FABIAN		1.2 NAME		Change Addition
STHEET ADDRESS	940 OCEAN DRIVE		1 3 STREET ADDRESS		
CITY ST-ZIF	MIAMI BEACH FL		1.4 C/TY-ST-Z/P		ļ
TITLE		DELETE	2 1 THE		Change  Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 \$1REET ADDRESS		
CHTY - ST - ZIP			2.4 CiBY-ST ZiF		
TITLE		DELETE	3 1 Till E	,	☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST ZIP			3.4 CHY-ST-7IP 4.1 TITLE	- · · · · · · · · · · · · ·	
NAME		Писси	4 2 NAME		Change 🔲 Addition
STHELL ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 11111		Change Addition
NAME 2MAN			5 2 NAME		G 1 mg. G 745mor
STREET ADDRESS			5.3 STREET ADDRESS	1000012	ecao:
CHY-S1-ZIP			5.4 CITY - ST - ZIP	1000017i -04/02/9601i	コンサゼエ 386822
TIILE		☐ DELETE	6 1 TITLE	***208.75	Change Addition
NAME			6.2 NAME	mmedo. 10	_
STREET ADDRESS			6.3 STHEFT ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - Z161		
<ol><li>14. Ldo hereby</li></ol>	/ certify that the information suppli	ed with this filing is voluntarily fur	nished and does not qualify f	or the exemption stated in Section 119	07(3)(k) Florida Statutes Hurther

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, or on an attachment with an address.

SIGNATURE:

3/13/96 531-3508