

P.01

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

I PAPARAZZI RESTORANTE, INC.

Principal Place of Business
210 OCEAN DR. 1111 COLLINS AVENUE
MIAMI BEACH FL 33139

21	Principal Place of Business	
22	Suite, Apt #, etc	
23	City & State	
24	Zip	Country
25		

9. Name and Address of Current

ALLISON, JOHN R III
100 SE 2ND ST.
SUITE 3350
MIAMI FL 33131-1101

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (XOLIF Registered Agent Signature required when withdrawing) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P ☐ DELETE NAME BAGADA, FABIAN STREET ADDRESS 940 OCEAN DRIVE CITY-ST-ZIP MIAMI BEACH FL	11 TITLE BASABE, FABIAN ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 740 OCEAN DRIVE 14 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139 21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 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
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	600002911206- 06/21/99 01149-00 *****61.25 *****61
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 (if the corporation) or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 531-3500

6/18/77

ALLISON & ROBERTSON, P.A.

ATTORNEYS AT LAW
NATIONSBANK TOWER
100 S.E. SECOND STREET
SUITE 3350
MIAMI, FLORIDA 33131-2151

JOHN R. ALLISON, III
JAMES S. ROBERTSON, III*
LARRY A. SCHWARTZ

TELEPHONE
(305) 347-4000
TELECOPIER
(305) 347-4001
E-MAIL
arlawfirm@aol.com

June 14, 1999

* ALSO ADMITTED IN NY

Via Federal Express Air bill #807032863190

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

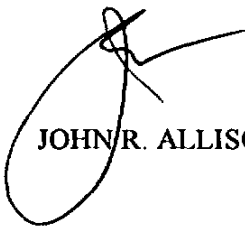
Re: **I Paparazzi Restorante, Inc.**

Dear Sir/Madam:

Enclosed herewith please find amendment in connection with the above-referenced matter.
Also enclosed is this firm's check in the amount of \$61.25 to cover the cost the amendment.

Thank you for your prompt attention to this matter.

Sincerely,


JOHN R. ALLISON, III

JRA:ah
Enclosures as indicated
(f:\jra\basabe\corp\secstate7.ltr)