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 #

P94000071653 (7)

ITALO'S NATURALE & C	GOURMET PIZZA CORP. Maling Address			
1446 ALTON ROAD 1446 ALTON ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 3		90		
MINMI DENOTITE GOTGO	MIJANI DENGTI DE 331	35	0.00	
			3. Date Incorporated or Qualified 3 09/26/1994	8a. Date of Last Report 06/29/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26		65-0527038	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	y Zip	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation has liability for intal Florida Statutes Yes	ngible tax under si 199.032, "I No
9, Name and Addre	ss of Current Registered Agent		10. Name and Address of New Regi	stered Agent
144010011 100010		81 Name	•	
Maguina, Lorgio 1446 alton road		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33139		83		
INITIAL DEPOTE TE COTO				
/		84 City		FL 85 Zip Code
SIGNATI VIPO	of registered agent and title if applicable. (No	DTE: Registered Agont signature requi		DATE
TILE PD	OFFICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME MAGUINA, LORGIO		1. 1 TITLE		Change Addition
STREET ADDRESS 1446 ALTON ROA		1.2 NAME 1.3 STREET ADDRESS		
CHY-ST-ZIP MIAMI BEACH FL		14 CITY-ST-ZIP		
TITLE	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	•	2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-S1-ZIP TITLE	DELETE	2 4 CITY - ST - ZIP 3. 1 TITLE		Change
NAME		3.2 NAME		Change Addition
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
THE	☐ DELETE	4 1 TITLE		Change Addition
NAME STORE ADDRESS		4 2 NAME		
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS		
TITLE	☐ DELETE	4 4 CITY-ST-ZIP 5 1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		C seedle C reduction
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-ST, ZIP		5.4 CiTY - ST - ZiP		
TIFLE	DELETE	6 1 TIFLE		☐ Change ☐ Addition
NAME STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
14. I do hereby certify that the informati	ion supplied with this filing is foluntarily furn	64 CITY-ST-ZIP iished and does not qualify	for the exemption stated in Section 119.07(3	(k), Florida Statutes, I further
certify that the information indicated	i on this annual report or scholemental ann	ual record is true and accur	ate and that my signature shall have the san- his report as required by Chapter 607, Florida	o local affact as if made under
SIGNATURE:	AND TYPED OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	9/20/46	Daytim's Phone #