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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOC	CUMENT	#

P94000086187 (9)

1. Corporation JOEY F	Name RAVIOLI, INC.		,				
Principal Place o	of Business	Mailing Address		*** *** ** *	I IMBOIDEN HER IMICI MENIS MUNIS MUNIS	d Betti Batas Ibeta Bita	1 11881 18111 1831 1841
9361 S.W. 54' COOPER CITY		9361 S.W. 54TH STREE COOPER CITY FL 3332					
					3. Date incorporated or Qualified 11/18/1994	3a. Date of Las 04/14/	
2. Principal Plac	_	2a. Mailing Address			4. FEI Number 65-0541171	-	Applied For
	Beides ed	26			0070041171		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional see Required
City & State		Gity & State			6. Election Campaign Financing		5.00 May Be
23 Terrue	SIA PI_	28			Trust Fund Contribution		dded to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for	intangible tax undi	ers 199.032,
24 3341		29	30		and the second s	. ⊉ No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New F	tegistered Agent	
VECINIO			81 1	Vame			
	Frank Jr V. 54th Street		82 5	Street Addre	ss (P.O. Box Number is Not Acceptab	ye)	
	CITY FL 33328		83				
000.2			84	Dity		0.5	Zip Code
			04	JITY .		FL 85	Zip Code
SIGNATURE	n, and accept the obligations of, Se synature by adds printed name of repide et a OFFICERS.		te Bag stero f Agent So	materi regined	www.nerolabogi ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 12
TITLE	D	☐ DELETE	1 1 TiT, F	<i>T</i>	TOTAL STATE OF THE	☐ Cha	····
NAME	VICINO, FRANK JR		1.2 NAME				
STREET ADDRESS	9361 S.W. 54TH STREET		1.3 STREET AD	DRESS			
CHY-ST-ZIP	COOPER CITY FL 33328		14 CHY - S1 - Z	iP			
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CiTY · ST · ZiP		☐ DELETE	2.4 CHY-ST-Z	1	EQUESTA, PL 3:	⊃1e>1 □ Char	nge Addition
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CITY-ST-ZiP			3.4 Cify - \$1 - 2		GOA KANCH LAKES	FL 3330F	3
THLE		DELETE	4 1 TITLE			☐ Cha	nge 🔲 Addition
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NAME CTOSET ADODESCS			6.2 NAME	DDEGG			
STREET ADOPESS			63 STHEET AD				
CITY-ST-ZIP 14. I do hereby	certify that the information supplie	ed with this filing is voluntarily furn	64 City - St - A ished and does n		r the exemption stated in Section 119	J.07(3)(k), Florida S	tatutes. I further

If 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 direction or the receiver or trustee enjoywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 12 if pranged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/76

407-743-4683

Daytonic Phone #

CR2F034 (12/9/