FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020749 (4)

TINO'S RESTAURANTS, INC.

Principal Plac	e of Business	Mailing Address				T (BB)(AB) (IO EDIBL BEEL GOLD) OBIN OBIN BOND BUIL BUIL BUIL INGIN DIENE 1015 JUDI			
166 GIRALDA		166 GIRALDA							
CORAL GABLES FL 33134		CORAL GABLES FL 33134-5209							
						3. Date Incorporated or Qualified 03/10/1995	3a. Date 04/20	of Last F /1996	Report
· ·	Place of Business	2a. Mailing Address				4, FEI Number		A	pplied For
21		26			65-0578694 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional	
22		27			G. Continuate of claims according		Fee R	equired	
City & Stat	е	City & State			6. Election Campaign Financing	_	\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	1 Z _i ρ	Cou	intry		8. This corporation has liability for in			s. 199.032,
24	25	[29]	30		-		Yes 🗌		
	9. Name and Address of Curre	nt Hegistered Agent		81		10. Name and Address of New Reg	jistered Ag	ent	
	RPCO, INC.			01	Name				
	1 CRANDON BLVD			82	Street Ad	dross (P.O. Box Number is Not Acceptab	le)		
	TE D-302			-					
KEY	BISCAYNE FL 33149			83					
				84	City		Fi	85 Zip	Code
44 Purcuant	to the provisions of Sections 607 01.0	22 and 607 1609 Elorida Statu	tos the sk		namad as	orporation submits this statement for the pr	FL		
l Office of r	registered agent, or both, in the State im familiar with, and accept the oblig	eof Horida. Such change was	authorized	d by	the corpor	ration's board of directors. I hereby accep	Irpose of ci I the appoir	nanging i ntment as	its registered registered
SIGNATURE									
10	Signature, typed or printed name of registered ag	ont and title if applicable (NO D DIRECTORS		d Ager	4 signature req	pured when reinstating)	DATE		
12. TITLE	D OFFICERS AN	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFIC			
NAME	PARETO, AGOSTINO			1.1 THILE			t	_] Change	Addition
	AAAA OO ILIBORI OLI OO OLIGO DIAAA			1.2 NAME					
STREET ADDRESS	KEY BISCAYNE FL 33149	U-30Z	1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	D DELETE			1.4 CITY - ST - ZIP 2.1 TITLE				10	11000
								_] Change	☐ Addition
NAME	TONDER-PARETO, LUZ M 1121 CRANDON BLVD SUITE D-302			2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	KEY BISCAYNE FL 33149			2. 4 C(TY - ST - 7)P				1 05	I Liane.
TITLE	☐ DELETE			3.1 TITLE 3.2 NAME			Ŀ	_ Change	Addition
NAME OTREET ADDRESS				-					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CI		- ZIP			1000	4 4 400 .
TITLE			: 4.1 TIT				L_] Change	☐ Addition
NAME			4. 2 N		j				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CIT		- ZIF		· · · · · · · · · · · · · · · · · · ·	Tob	1
TITLE		☐ DELETE	5 1 TIT] Change	Addition
NAME			5 2 NA						
STREET ADDRESS					ADDRESS	÷.,			
CITY-ST-ZIP		T Market	5.4 CH		- ZIF			12.	
TITLE		DELETE	16 1 1 IF		+		L.] Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6 3 ST	REET A	ADDRESS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.