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

PROFIT ' CORPORATION: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State,

1996 DIVISION OF CORPORATIONS						
DOCUMI 1. Corporation Na	ENT # P950 0	00024738 (3)				
•	PIZZA, INC.				I PARLIAGE HIN PAINT STEIL	101 OKULO DIGIH G1816 1888A MARI H181 1881
Principal Place of	Business	Mailing Address			i filligiedt fin iftige Arte beier beite an	th sails titll stall tease that territoria
9781 S.W. 1291	TH STREET	9781 S.W. 129TH STREET	Г			
MIAMI FL 3317		MIAMI FL 33176			3. Date incorporated or Qualified	3a. Date of Last Report
					03/28/1995	
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number -057 08	9 7 Applied For
2. Principal Place	3 OI Dusi losa	26			65-05100	Not Applicable 88.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
22		City & State			6. Election Campaign Financing	\$5.00 May Be
City & State		28	_		Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country		8. This corporation has liability for inte	angible tax under si 199.032,
24	25	1201	30		Florida Statutes Log Yes 10. Name and Address of New Reg	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Raine and Pidares	
			62		(2.0. Real Manharia Not Accordable	1
	ROA, CARLOS				ress (P.O. Box Number is Not Acceptable	· · · · · · · · · · · · · · · · · · ·
1	V. 129TH STREET		83			
MAMIFL	MIAMI FL 33176					85 Zip Code
<u> </u>			84	City		FL
44 Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above n	amed corpo	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its registered office nament as registered agent. I am
or registere	d agent, or both, in the State of Fla	orida. Such change was authorized action 607,0505. Florida Statutes.	t by the corpo	oration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	TOTAL GOLDS
	i, and accept the obligations of ox					
SIGNATURE	ignature, typed or printed name of registered as	,		i signature requir	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS		13.		Change Addition	
TITLE	PTD	[] Direct	1.7 NAME	- !		
NAME	ROA, CARLOS	•	13 STREET	ADDRESS		
STREET ADDRESS	9781 S.W. 129TH STREET MIAMI FL 33176		1.4 CITY - S			
TITLE	VSD	DELETE	2 1 THILE			Change Addition
NAME	RODROGUEZ, SANDRA		2.2 NAME	7	RODRIGUEZ, SANDR.	/
STREET ADDRESS	9781 S.W. 129TH STREE	r	23STREET			
CITY - ST - ZIP	MIAMI FL 33176		2 4 CITY - S	SI - ZIP		Change Addition
TITLE		DELETE	3 1 TITLE			
NAME			3 2 NAME	F ADDRESS		
STREET ADDRESS			34 CITY-			
CITY - ST - ZIP		DELETE	4 1 Till E	-		Change Addition
TITLE		_	4.2 NAME			
NAME STREET ADDRESS			43 STHEF	CADDRESS		
CITY-ST-ZIP			4.4.CITY -	-		Change Addition
TITLE		☐ DELETE	5 1 THTLE	1		□ 4 10 190 □ 1140 11011
NAME			5.2 NAME			
*STREET ADDRESS			1	T ADDRESS		
SITY - ST - ZIP		DELETE	5 4 C-TY -			☐ Change ☐ Addition
TITLE	1	□ pccc re	1 0	•		

300001755763 -03/25/96--01031--013 ***200.00 14. I 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 agricult reset to resupplemental 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 orthogonaphration of 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 change for an attachment with an address

62 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR