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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072623 (8)

JOJOHNI RISTORANTE, INC.

FILED Jan 23 1997 8:00am Secretary of State



Principal Place	Mailing Ad	Mailing Address				***************************************					
3717 WEST CYPRESS 3717 WEST CYP TAMPA FL 33607 TAMPA FL 33607											
							3. Date Incorporated or Qualified				
2. Principal P	Pace of Business	2a. Mailing	Address				4. FEI Number			Applied For	
21		26					59-3345003			Not Applicable	
Suite, Apt	#, etc	Suite, A	Apt. #, etc	i.			5. Certificate of Status Desired			5 Additional	
22		27	<u> </u>				C. Certificate of Glatica Desireo		Fee	Required	
City & State	e	City & S	State				6. Election Campaign Financing)0 May Be	
3		28		·T			Trust Fund Contribution			ed to Fees	
⊐ ^Z ip	Country	Zip		Coun	ntry		8. This corporation has liability for			r s. 199.032,	
4	25	29		30				Yes 💆			
	9. Name and Address of Cui GIANO, SANDRA	rrent Hegistered Ag	gent		81	Name	10. Name and Address of New Re	gistered A	gent	_	
1910 EAST LAMBRIGHT 13306 ARENA PL TAMPA FL 88804- 33612			o PL	/ L.	82 83	Street Add	reet Address (P.O. Box Number is Not Acceptable)				
				<i> </i> [7	64	City		FL	85 Z	ip Code	
							poration submits this statement for the		. <u>ļl.</u>		
SIGNATURE	am familiar with, and accept the ob-	d agent and title ±apφicab		(NOTE: Registered			red when reinstating)	DATE	DIDECT	000 111 40	
12.	OFFICERS	AND DIRECTORS	1 00.57	13.			ADDITIONS/CHANGES TO OFFIC	JERS AND	☐ Chang		
TIFLE	P P P P P P P P P P P P P P P P P P P		L DELET						L Chang	ge Emil Mudicio	
NAME	VIGGIANO, SANDRA		ļ	1.2 NAM							
STREET ADDRESS	13306 ARENA PL		ļ			IDDRESS					
CITY-ST-74P	TAMPA FL 33612		DELETI	1.4 CIT		- ZiP		· · · · · · · · · · · · · · · · · · ·	Chang	ae 🗌 Additio	
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NAME				2.2 NAM							
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NAME				3.2 NAI							
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NAME				5.2 NAI							
STREET ADDRESS						DDRESS	•				
CITY - ST - ZIP			DELET	5.4 CIT		- ZIP			T Cha-	on Addition	
TITLE			DELET						☐ Chan	ge	
NAME				6.2 NA							
STREET ADDRESS				6.3 STF	REET #	ADDRESS					
CITY - ST - ZIP				6.4 CIT	Y-\$1	- ZIP					

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 suppliemental 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 12 if changed, or on an attachment with an address.

SIGNATURE:

NO TYPED ON PRINTED IN THE OF SIGNING OFFICER OR DIRECTOR

NO TYPED ON PRINTED IN THE OF SIGNING OFFICER OR DIRECTOR

Date

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