SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	JOE'S PIZZA CORPORATIO	N (1)			## 88## 188# 188# 188# ### ### ###
Principal Place of Business		Mailing Address			
7601 EAST TREASURE DRIVE SUITE 1212 NORTH BAY VILLAGE FL 33141		7601 EAST TREASURE DRIVE SUITE 1212 NORTH BAY VILLAGE FL 33141			
				3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last Report
	ace of Business	2a. Mailing Address	0. 0	4. FEI Number	Applied For
21 7601 East Trasecci Drive				. 65-0626826	Not Applicable
Suite. Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 North Bay V. Hage, IL 28		— · · · · · · · · · · · · · · · · · · ·	L	Trust Fund Contribution	Added to Fees
Country Country		Zrp	Country	8. This corporation has liability for it	ntang-ble tax under s. 199.032,
24 357	7/ 25		30	Florida Statutes	Yes No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Rec	istered Agent
	LFE, RICHARD C				
* 20803 BISCAYNE BLVD. B2 Street Addre				Address (P.O. Box Number is Not Acceptabl	e)
AVENTURA FL 33180					
			64 City		
					FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607,0502	and 607-1508, Florida Statute	s, the above-named o	corporation submits this statement for the publication's board of directors. Thereby accept	pose of changing its registered
agent I ar			idu Statutes	bration's board of directors a filereby accept	Q / 5 /O/
SIGNATURE	Univea	RUIZ			3/2/116
12.	Styriation type for professions of ingline diagram  Of FICERS AND		High fered Agent signature :	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
TITLE	PO	DELETE	1 1 TITLE	7.05 THOMAS TO 11 OF 15	Change Addition
NAME	RUIZ, JOSE SR.		1.2 NAME		
STREET ADDRESS	21421 NORTHWEST 7TH COU	RT	1.3 STREET ADDRESS		
C(TY - ST - Z)P	PEMBROKE PINES FL	"	1.4 CiTY - ST - ZIP		
TITLE	V Diliz IOCC	☐ DELÉTE	2 I TIILE		Change Addition
NAME STREET ADORESS	RUIZ, JOSE 7601 EAST TREASURE DRIVE,	41010	2 2 NAME	3371 Java Plum ave.	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 3314			Miranar, FL 33025	
TIFLE	ST	DELETE	3 1 TITLE	Miranur, FC 3X23	Change Addition
NAME	Ruiz, andrea		3 2 NAME		
STREET ADDRESS	7601 EAST TREASURE DRIVE,			3371 Java Plum ave.	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 3314			Miranar, Fl 33025	
TITLE		[] DELETE	4.1 TITLE	•	Change Addition
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-S1-2IP			4.4 CITY - ST - ZIP		
TITLE	***************************************	DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 ) TITLE		Change Addition
NAME CIDECT ADDRESS			6.2 NAME		
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADDRESS		
14. I do hereb	y certify that the information supplied	with this fring is voluntarily furn	64CITY-SI-ZIP nished and does not d	quality for the exemption stated in Section 1	19.07(3)(k), Fiorida Statutes 1
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 oral. that I am an officer or projector of the coereiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutos, and that my name appears in Block 12 or Block 3 if changed, or on an effectment with an address.					
SIGNATI		ALLA MUZ RINYED NAME OF SIGNING OFFICIAL	OR DIRECTOR	8/2/96	(954) 438-5537