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PROFIT CORPÓRATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

Mailing Address

ITALIANOS RESTAURANT

| FILED | |
|--------------------|---|
| Jun 11 1997 8:00an |] |
| Secretary of State | |

| | 14 NE 1 ST AVENUE 14 NE 1 ST AVENUE #200 | | | | | | | | | | |
|------------------------------|--|--|----------------------|---------------------------------------|--|---|------------------------|----------------|-----------------|--------------------|--|
| | # 200 | | | | - | 3. Date inco | prograted or Qualific | d 30 [| Date of Last F | Poport | |
| MIAMI, FL 33132 MIAMI, FL 33 | | | | 3132 | | 3. Date Incorporated or Qualified 3a. Date 102/96 | | | vale of Last) | ale of Last Report | |
| 2. Principal F | Place of Business | 2a. Mai | ling Address | | | 4. FEI Numb | | | I Ar | oplied For | |
| 21 | | 26 | | | | _ | 640288 | | | ot Applicable | |
| Suite, Apt. | #, elc. | Suit | e, Apt. #, etc. | | | | | | | Additional | |
| 22 | | 27 | | | | 5. Certificati | e of Status Desired | | | equired | |
| City & Stat | lo | City | City & State | | | 6. Election (| Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | | | | | d Contribution | | | to Fees | |
| Zip | Country Zip Country | | | | | 8. This corp | oration has liability | for intangibl | e tax under s | . 199.032, | |
| 24 | 25 | 29 | | 30 | | Florida St | | - Th | □ No | | |
| | 9. Name and Addre | s of Current Registered | l Agent | | | IO. Name an | d Address of New | Registered | Agent | | |
| | | | | 81 Name | | ARDO I | `T X 17 | | | | |
| | RO J LOPEZ, | | | 82 Street | t Address | (P.O. Box N | umber is Not Accep | otable) | | | |
| ,255 i | ALHAMBRA CI | RCLE, STE #3 | 80 | | | | AVENUE # | | | | |
| | | LORIDA 3313 | | 83 | | | | | • | | |
| | | | • | 84 City | | | | | les 7:0 | Code | |
| 4 | | | | [] [] | MIAM | Τ | | FL | _ 22. | 122 | |
| 11. Pursuant | to the provisions of fecti | ons 607.0502 and 607.15 | 08, Florida Statutes | s the above-name | d cornora | tion submits | this statement for th | e purpose d | of changing it | c registered | |
| agent. Fa | registered agent proboin, am familiar with apu acce | in the State of Florida. Sept the obligations of, Se | on 607.9505, Cor | ithorized by the coi ida Statutes. | rporation: | s board of di | rectors. I hereby ac | cept the ap | pointment as | registered | |
| SIGNATURE | | uaido st | | | | randi | $A \cdot A \cdot O$ | ر کھر | | 1 | |
| | Signature typed or printed name | of rap stored agent and the if an in | :aldo: olds: | Registered Agent signatur | | | 7,000 | DATE | | | |
| 12. | OT | FICERS AND DIRECTOR | | 13. | | ADDITION | S/CHANGES TO OF | FICERS AN | D DIRECTOR | S IN 12 | |
| TITLE | T 3 7 3 D 0 D 1 3 | NGO. | DELETE | 1.1 TITLE | Pre | sident | ; | | Change | ☐ Addition | |
| NAME | LAZARO BLA | NCO | | 1.2 NAME | BERN | VARDO | DIAZ | | | | |
| STREET ADDRESS | 14 NE 1ST | AVENUE # 20 | 0 | 1.3 STREET ADDRESS | | | AVENUE : | #200 | | | |
| CITY-ST-ZIP | MIAMI FL, 3 | | | 1.4 CHTY-ST-ZIP | | | 33132 | +200 | | ļ | |
| TITLE | | | DELETE | 2.1 TITLE | | etary | | | K Change | Addition | |
| NAME | PEDRO BLA | NCO | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | EET ADDRESS 14 NE 1ST AVENUE # 200 | | | | ALIRIA D. DIAZ 14 NE 1ST AVENUE # 200 | | | | | | |
| CITY-ST-ZIP | MIAMI, FL | | | 2. 4 CITY - ST - ZIP | 14 N | VE 1ST | AVENUE : | ‡ 200 | 24 6.3 | | |
| TITLE | | ~~~ | □ DELETE | 3 1 TITLE | mian | ur er, | 33132 | | Change | ☐ Addition | |
| NAME | | | | 3.2 NAME | ŀ | | | | | 1 | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | 3 4. CITY - S1 - ZIP | <u> </u> | | | | | | |
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| NAME | | | | 4 2 NAME | | | | | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | | | | * | |
| CITY-ST-ZIP | | | | 4.4 CITY - ST - ZIP | | | | | | 1 | |
| TITLE | | | DELETE | 5.1 TITLE | | | | | Change | Addition | |
| NAME | | | | 5.2 NAME | | r L | MDÖGS | 1,29 | 197 | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | ·[]. | 6/16/970 | 11U1 | U14 | 1 | |
| CITY-ST-ZIP | | | | 5.4 CITY - ST - 7IP | 1 | 第:第:3 | *165.00 | | | | |
| TITLE | | | DELETE | 6.1 TITLE | 1 | | | | Change | Addition | |
| NAME | | | | 6 2 NAME | | | | | f | 7 | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | | | | 2'35/2 | |
| City-St-ZIP | | | | 6 4 CITY - S1 - ZIP | | | | | • | (Y <i>Y</i> | |
| | y certify that the informa | tion supplied with this filir | g does not qualify | | stated in S | Section 119.0 | 7(3)(i), Florida State | itos. I furthe | r certify that | he | |

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 eath; that I am an officer or director of the confination or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.