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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000006286 (4)

VALENTINO'S PIZZA, INC.				}	
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			···		
Principal Plac	e of Business	Mailing Address		i restres, tre serie mitte maile muit mutil matte met	LD Gissa sradi rassa difit radi
15126 SW 56 ST 15126 SW 56 ST			I		
MIAMI FL 33185 MIAMI FL 33185				DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	017102
i				01/22/1996	
2. Principal P	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		65-0633212	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	Θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30		Yes No
	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
MARRENO, RAMON					
11664 N.W. 11 AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
(MIA	VMI FL 33168		83		
			63		
			84 City	r:	85 Zip Code
44 Durawant	to the provisions of Continue CO7 DED	2 and CO7 1500 Claside Ctatute	the obeye perced core	FL	• /
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. Fa	im familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.		Ť
SIGNATURE	Signature, typed or printed name of registered age	at and the Kanadianula Alfort	Registered Agent signature require	ed when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	VD	DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MARRERO, RAMON		1.2 NAME		_
STREET ADDRESS	11664 NW 11 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		1.4 CNY-ST-ZIP		Ì
TITLE	PD	☐ DELET E	2.1 TITLE		Change Addition
NAME	MARTINEZ, ROBERTO		2.2 NAME		
STREET ADDRESS	13011 SW 83 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CITY - ST - ZIP		
Trile	8	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, RICARDO		3.2 NAME		
STREET ADDRESS	6201 SW 138 CT UNIT E		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		(
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME]
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		TT becare	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 changes, or on an attachment with an address.

SIGNATURE Soul Marie

3/2/2

(305)

FILED

Apr 07 1998 8:00am

Secretary of State