Applied For

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code

[| Yes

Not Applicable \$8.75 Additional

I INo

FILED

00 FPR 28 PH 12: 04

SECRETARY OF STATE TALLARASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5. Certificate of Status Desired.

 Election Campaign Financing Trust Fund Contribution

Personal Property Tax

Street Address (P.O. Box Number is Not Acceptable)

This corporation owes the correct year Intangible

10. Name and Address of New Registered Agent

02/27/1996

23-0845505

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

PROFIT CORPORATION ANNUAL REPORT

1999

MEMARBASHI, ALI-AKBAR

MIAMI FL 33173

8065 SW 107 AVENUE #215



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017839

SUPER PIZZA INC.

Principal Place of Business

12835 S.W. 42 STREET MAAMI FL 33175			12835 S.W. 42 STREET MIAMI FL 33175		
F5 '	ace of Business	2a. Mailing []	g Address		
Suite, Apt. #, etc		Suite, Apt #, etc			
City & State		27 City &	State		
23 Z _{(p}	Country	28 Zip	Country		
24	[25]	29	[30]		
	9. Name and Address of C	urrent Registered A	- 11	lame	

Mailing Address

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes

82

83 84 City

SIGNATURE Signature type-loop protections of regions deport and the diagraphs of the Repolant Agriculture and a control of the second of the s						
12,			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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NAME	MEMARBASHI, ALI-AKBAR		12 NAM			
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COV OF TIP			£4001 \$1.76:	Δt		

14. Phereby certify that the information supplied with this filing does not qualify for the exemption studed in Section 119 07(3)(i). Florida Statutes: Uturther 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 logal 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (305) 223-1177