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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000030528 (9)

## TIRAMI SU CORPORATION

SIGNATURE:

Principal Place of Business		Mailing Address			L HADIHADI ING KANID GINIL KANIN BURIN DUNIK DURING NININ BURIN BURIN BININ KANID KANID KANID KANID KANID KANI		
3260 W HILLSBOROUGH AVE TAMPA FL 33614		3200 W HILLSBOROUGH AVE TAMPA FL 33614-5902					
					Date Incorporated or Qualifie     04/01/1996	ed 3a. Date of Las	t Re
2. Principal Place	of Business	2a. Mailing Address		<del></del>	4. FEI Number 65-0666185		A
		26			63-066163	ating '	Not Appl
Suite, Apt. #. etc	tc	Suite, Apt #, etc			5. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 Addition Required
City & State		City & State			6. Election Campaign Financing	9 \$5.0	00 May B€
<u> </u>		28	T .		Trust Fund Contribution		ed to Fees
Zip •	Country 25	Zip 29	Coun 30	try	This corporation has liability     Florida Statutes	for intangible tax unde	rs. 199.03 <sub>4</sub>
	Name and Address of Currer		1301		10, Name and Address of New		
			1	Name			
DI GERIANDO, JOSEPH 3260 W HILLSBOROUGH AVE			-	Street A	Street Address (P.O. Box Number is Not Acceptable)		
	FL 33614			Sileer A	duress (F.O. box Number is Not Accep	platie)	
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			h	34 City		<b> 85</b> 2	ip Code
			1				
<ol> <li>Pursuant to the office or regist agent. I am fai</li> </ol>	ie provisions of Sections 607.050 tered agent, or both, in the State miliar with, and accept the oblig	Definition of Florida State of Florida State of Florida. Such change was lations of, Section 607.0505, F	ites, the abi authorized Iorida Statu	by the corpo tes	corporation submits this statement for the oration's board of directors. I hereby ac	ne purpose of changin ccept the appointment	as registere
•							
IGNATURE							
• Şigra	core typed or printed name of registered ago			Agent signature n	equired when reinstating)  ADDITIONS (CHANGES TO OF	DATE EFICEDS AND DIRECT	ODS IN 12
\$1310x <b>2.</b>		ent and tife if applicable (NC ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OF		
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