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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049279 (8)

FIGARO'S, INC.

Principal Plac		Mailing Address				
8990 SHERIDAN STREET #104		3990 SHERIDAN STREET #104				
HOLLYWOOD (FL 33021	HOLLYWOOD FL 33021-36	555			
				3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report	
	lace of Business	2a. Mailing Address	Part No	4. FEI Number	Applied For	
21		26 300 SOUTH 1	OINTE DR	65-068-177		
Suite, Apl. #, etc.		Suite, Apt. #. etc. 27 2003		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State	7	e Flaction Communica Financia	·	
23		28 MAMI 6	EACH FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ip	Country	Ζφ	Country	8. This corporation has liability for i		
24	25	[29] 33/3 7	30 2/S#	Florida Statutes	Yes 🗌 No	
114.0	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New Re	listered Agent	
	NEN, MAX H		81 Name			
3990 SHERIDAN ST.			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021			83			
1100	2111000120021					
			84 City		FL 85 Zip Code	
Office of fi	to the provisions of Sections 607.050/ egistered agent, or both, in the State m familiar with, and accept the obliga	ot Florida. Such change was :	authouzed by the comorati	oration submits this statement for the pion's board of directors. I hereby accep	reagns of abone inc. its answersed	
SIGNATURE	Signature typed or prested name of rugalicied age	or scale of the second of the	E: Begistered Agent signature require			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 1111.6	10011,010,011,1110201001110	Change Addition	
NAME	FICARROTTA, PETER		1.2 NAME			
STREET ADORESS	3990 SHERIDAN ST. #104		1.3 STRECT ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL 33021		1.4 CHY+ST- ZIP			
TITLE	SVTD	☐ DELETE	2 1 TITLE		Change Addition	
NAME	FICARROTTA, DOROTHY		2 2 NAME			
STREET ADDRESS	3990 SHERIDAN ST. #104 HOLLYWOOD FL 33021		2 3 STRUET ADDRESS			
CITY-ST-ZIP	HOLLIWOOD FL 33021	LIBOUR	2 4 CITY - \$1 - 71P			
TITLE		∐ DETETE	3 1 THLF		Change L_ Addition	
STREET ADDRESS			3 2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME		C Shanga C Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELFTE	5.1 UILE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4.0(1Y+ST-ZIP			
TITLE		DELFTE	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY ST. 7IP			0.4.0031/. 07. 310			

14. I do hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Ffurther 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 eath; that I am an officer or director of this 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 charages, or on an appear with an address.