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Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095024 (1)

1. Corporation Name
PEPPERONI ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1353 BAY TERRACE NORTH BAY VILLAGE FL 33141	1353 BAY TERRACE NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1996

2. Principal Place of Business
21: 16630 NE 2ND AVE
22: Suite, Apt. #, etc.
23: City & State: N. MIAMI BEACH FL.
24: Zip: 33162
25: Country: USA

2a. Mailing Address
26: 16630 N.E. 2nd Avenue
27: Suite, Apt. #, etc.
28: City & State: N. MIAMI BEACH, FL
29: Zip: 33162
30: Country: USA

4. FEI Number: 65-0761068 ☐ Applied For ☐ Not Applicable
APPLIED FOR

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLETTA, AL
1353 BAY TERR
N BAY VILLAGE FL 33141 (DELETE)

10. Name and Address of New Registered Agent

81 Name: SHELDON EVANS, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6175 N.W. 153rd STREET
83: OFFICE SUITE - 215
84 City: MIAMI LAKES, FL 85 Zip Code: 33014

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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Sheldon Evans, as registered agent — DATE: 6/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLETTA, AL 1353 BAY TERRACE NORTH BAY VILLAGE FL 33141 (DELETE)	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT GIANFRANCO STRAZZACAPPA 8370 S.W. 38th Street MIAMI, FL. 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY Yovana AUSTIN 8225 N.W. 168th STREET MIAMI LAKES, FL. 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200002163452 -06/23/98--01053--029 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby 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 changed, or on an attachment with an address.

SIGNATURE: [illegible] PRES — 6/22/98 — 305 557 6060