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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000096047 (1) DOCUMENT # 1. Corporation Name

RESTAURANT RESTORATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



1801 NE 20TH AVENUE FT. LAUDERDALE FL 33305	1801 NE 20TH AVENUE FT. LAUDERDALE FL 33	305	DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified 11/25/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2533 NE PETER FIL		(.E	65-0711931	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	ع	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 TT LAUDORAM		EARALB	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33305 25 7	-C 29 3330	Country FC	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes 🗌 No
	s of Current Registered Agent		10. Name and Address of New Registere	d Agent
LAROCCA, ELIZABETH		81 Name		
80 SW 8TH STREET Suite 2042		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33130		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Section	ons 607,0502 and 607,1508, Florida Statu	ites, the above-named con	rporation submits this statement for the purpose	of changing its registered
office or registered agent, or both, agent. I am familiar with, and accer	in the State of Florida. Such change was pt the obligations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE				
		TE Registered Agent signature requ		
	FICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE D' NAME PALLINI, GIOVANNI	 -	1.1 TITLE		C Citalige C Munitipit
4004 NE OOTH AVE		1.2 NAME		
ET LAUDEDDALE E		1.3 STREET ADDRESS		
CITY-ST-ZIP FI. EAUDERDALE F	DELETE	1.4 C(TY-ST-ZIP 2.1 T(TLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY- ST- ZIP	. *	
TITLE	☐ DELE TE			I
NAME		3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		3.1 TILE 3.2 NAME	·	Change Addition
				Change Addition
CITY-ST-ZIP		3.2 NAME		☐ Change ☐ Addition
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	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		
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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.