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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000008685 (4)

BENETTE'S PIZZAS AND SUBS. INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
7187 SOUTHWEST 8 STREET 7187 SOUTHWEST 8 STREET			TREET		
MIAMI FL 33144		MIAMI FL 33144			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/28/1997
2 Principal Pi	ace of Rusiness _	2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 21 7187 5.W. 8 ^{+h} Street 26					(65-0740052 Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.					- \$8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State					Election Campaign Financing \$5.00 May Be
23 Miani, FL. 33144 28					Trust Fund Contribution [] Added to Fees
Zip			Country	1	B. This corporation owes or has paid the current year Intangible
24	25 Dade	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
AM	ERILAWYER CHARTERED		81	Name	
343 ALMERIA AVENUE			82	Street A	Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			-	0.10017	toolegg (1.5. box (total) to 1.6. (coopiasis)
	-		83		
			84	City	85 Zip Code
				'	FL i i
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	ites, the abov	e-named	corporation submits this statement for the purpose of changing its registered
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.					
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SIGNATURE	Signature, typed or printed name of regularing agent	and trie if applicable (NC	OTC Registered Ag	ent signature	required when reinstating) DATE.
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1 1 TITLE		Change Addition
NAME	MUNIZ, BETSY		1.2 NAME		
STREET ADDRESS	7187 SOUTHWEST 8 STREET		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		1.4 C(TY - S	ST - ZIP	
TITLE	SD	☐ DELETE	21 THTLE		Change Addition
NAME	PINTO, JEANNETTE		22 NAME		
STREET ADDRESS	7187 SOUTHWEST 8 STREET		2.3 STREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		2 4 CITY-	ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE	-	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	<u> </u>		5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-1	\$1 - ZIP	
TITLE		DELETE	6.1 TATLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			6.4 CITY-		
	netify that the information supplied with	this filing does not qualify			od in Section 119 07(3)(i) Florida Statutes I further certify that the information

indicated on this annual report or supplied with this initing dous not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the informatic 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 receiptr or trusted 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 altragriment with an address.

4/2/198