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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90249 021 ***150.00

DOCUMENT # P97000018278

1. Corporation Name

GINA'S CUCINA, INC. Principal Place of Business	Mailing Address								
C/O GIANELLI & GIANELLI, P.A. 1015 LAKE DAVIS DRIVE ORLANDO FL 32806	C/O GIANELLI & GIANEI	C/O GIANELLI & GIANELLI. P.A. 1015 LAKE DAVIS DRIVE			DO NOT WRITE IN THIS	SPAC	Έ		
					3. Date Incorporated or Qualifed 02/26/1997				
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For		
21	26				59-3435232		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		.75 Additional ee Required		
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
Zip Countr	y Zip	Co.	untry		This corporation owes the current year Interpretation Personal Property Tax.	angible			
9. Name and Addre	ess of Current Registered Agent				10. Name and Address of New Registered	Agent	··· / \		
GIANELLI, PENELOPE	,		81	Name	,•				
1015 LAKE DAVIS DRIVE			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32806			83						
			84	City	FL	85	Zip Code		
11. Pursuant to the provisions of Sec office or registered agent, or both	ctions 607.0502 and 607.1508, Florida Stan, in the State of Florida. Such change was	tutes, the a	above d by	named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	chang	ing its registered t as registered		

registered istered

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SIGNATURE	AVAIC. D	anistared Ament signature	required when rejectation	DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE	D DELETE	1.1 TITLE	1	Change	Addition					
	GIANELLI, PENELOPE									
NAME		1.2 NAME								
STREET ADDRESS	1015 LAKE DAVIS DRIVE	1.3 STREET ADDRESS			ŀ					
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP								
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition					
NAME		2.2 NAME			ļ					
STREET ADDRESS		2.3 STREET ADDRESS								
CITY-ST-ZIP		2.4 CITY-ST-ZIP								
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STREET ADDRESS		6.3 STREET ADDRESS	1							
CITY-ST-ZIP		6.4 CITY-ST-ZIP	The second secon	•						

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 control 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 charged, pr on an attachment with an address, with all other like empowered.

SIGNATURE: