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

FILED
May 26 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 # P97000027763

1. Corporation Name
MAMMA LEONE'S PIZZERIA, INC

Principal Place of Business
1513 E. MICHIGAN ST
ORLANDO FL. 32806

Mailing Address
1513E. MICHIGAN ST
ORLANDO, FL. 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03-24-97

4. FEI Number: 59-3436326 ☐ Applied For ☐ Not Applicable

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
MOISES RIVERA
7688 PALES CT
ORLANDO, FL. 32822

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 [signature] President DATE 4/30/98

(Signature, typed or printed name of Registered Agent and title if applicable) (N.O.T.E.: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEONARDO GIARRAPUTO		1.2 NAME	MOISES RIVERA	
STREET ADDRESS	2433 KA		1.3 STREET ADDRESS	7688 PALES CT	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	ORLANDO FL. 328	
TITLE	V-D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLADYS MATEO		2.2 NAME		
STREET ADDRESS	7220 KARDEN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		2.4 CITY-ST-ZIP		
TITLE	S.D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FILIPPO PIRAINO		3.2 NAME		
STREET ADDRESS	7320 RADIANT CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	500002535795	
STREET ADDRESS			5.3 STREET ADDRESS	-05/27/98--01004--011	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 report or supplemental 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: [signature] PRESIDENT 4/20/98 (407) 898-6119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #