## 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 # P97000029728 (7)

EMPANADA ONLY, INC.

## FILED May 19 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address |  |   |                | T BEBLICHEL DIE TÖREN BOREN |  |                                |
|---|--|---|----------------|---|--|--------------------------------|
| 1311 DEWEY STREET 1311 DEWEY STREET         |  |   |                |   |  |                                |
| HOLLYWOOD                                   |  | HOLLYWOOD FL 3301   |                |   | DO NOT WRITE IN THIS SPACE   |                                |
|   |  |   |                |   | 3. Date Incorporated or Qualified  |                                |
|   |  |   |                |   | 03/31/1997   |                                |
| 2. Principal P                              | lace of Business                                 | 2a. Mailing Address   |                |   | 4. FEI Number  | Applied For                    |
| 21  |  | 26  |                |   | 65-073817  | Not Applicab                   |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.   |                |   | 5. Certificate of Status Desired   | \$8.75 Additional              |
| 22  |  | 27  | 27             |   | 5. Certificate of Status Desired   | Fee Required                   |
| City & State                                |  | City & State  |                |   | 6. Election Campaign Financing   | \$5.00 May Be                  |
| 23  |  | 28  | ,              |   | Trust Fund Contribution  | Added to Fees                  |
| Zip   | Country  | Ζιρ   | Cour           | ntry  | 8. This corporation owes or has paid the   |                                |
| 24  | 25   | 29  | 30             |   | Personal Property Tax due June 30.   | Yes Wo                         |
|   | 9. Name and Address of Curr                      | ent Hegistered Agent  |                | 81 Name   | 10. Name and Address of New Register   | eu Agent                       |
|   | ANÇINI, FRANK J                                  |   |                | O1 (Valle   |  |                                |
|   | 28 HOLLYWOOD BLVD                                |   | Ī              | 82 Street Add   | fress (P.O. Box Number is Not Acceptable)  |                                |
| H.  | DLLYWOOD FL 33020                                |   | 1              | 83  |  |                                |
|   |  |   |                | 63  |  |                                |
|   |  |   | Ī              | 84 City   |  | 85 Zip Code                    |
| 44.0  | 607.0  | 100 - 1007 1100 11-11-0   |                |   |  |                                |
| office or r                                 | e <b>gister</b> ed agent, or both, in the Sta    | te of Florida. Such cha <b>nge w</b> a  | is authorized  | l by the corpora  | poration submits this statement for the purporation's board of directors. I hereby accept the  | appointment as registered      |
| agent. La                                   | m familiar with, and accept the obt              | gations of, Section 607.0505,   | Florida Statu  | utes.   | •  |                                |
| SIGNATURE                                   | <del></del>                                      |   | TOTAL TOTAL    |   |  |                                |
| 12.   | Signature, typed or printed name of registered a | ND DIRECTORS  | 13.            | Agent signature requ  | ADDITIONS/CHANGES TO OFFICERS  |                                |
| TITLE                                       | PD   | DELETE  | 1.1 (1)        | IF.   | ADDITIONAL TRACES TO CITTOLING   | Change Addition                |
| NAME  | GADALETA, MICHAEL A                              |   | 1.2 NA         | 1   |  |                                |
| STREET ADDRESS                              | 1311 DEWEY ST                                    |   |                | HEET ADDRESS  |  |                                |
| CITY-ST-ZIP                                 | HOLLYWOOD FL 33019                               |   |                | Y-ST-ZIP  |  |                                |
| TITLE                                       |  | DELETE  | 21 1(1)        |   |  | Change Addition                |
| NAME  |  | _ ,   | 2.2 NAI        |   |  |                                |
| STREET ADDRESS                              |  |   |                | REET ADDRESS  |  |                                |
| CITY-ST-ZIP                                 |  |   |                | TY-ST-ZIP   |  |                                |
| TITLE                                       |  | DELETE  | 3.1 TITI       |   |  | Change Addition                |
| NAME  |  |   | 3.2 NAI        | ME  |  |                                |
| STREET ADDRESS                              |  |   |                | REET ADDRESS  |  |                                |
| CITY-ST-ZIP                                 |  |   |                | TY-ST-ZIP   |  |                                |
| TITLE                                       |  | DELETE  | 4.1 TH         |   |  | Change Addition                |
| NAME  |  |   | 4. 2 NA        | ME  |  |                                |
| STREET ADDRESS                              |  |   | 4.3 STR        | REET ADDRESS  |  |                                |
| CITY-ST-ZIP                                 | _  |   | 4.4 CIT        | Y-ST-ZIP  |  |                                |
| TITLE                                       |  | DELETE  | 5.1 TITI       |   |  | Change Addition                |
| NAME  |  |   | 5.2 NA         | ME  |  |                                |
| STREET ADDRESS                              |  |   | 5.3 STF        | REET ADDRESS  |  |                                |
| CITY-ST-ZIP                                 |  |   | 5.4 CIT        | Y-ST-ZIP  |  |                                |
| TITLE                                       |  | ☐ DELETE  | 6.1 TITI       | LE  |  | Change Addition                |
| NAME  |  |   | 6.2 NAI        | ME  |  |                                |
| STREET ADDRESS                              |  |   | 6.3 STF        | HEET ADDRESS  |  |                                |
| CITY-ST-ZIP                                 |  |   |                | Y-ST-ZIP  |  |                                |
| 14. I hereby o                              | certify that the information supplied            | with this filing does not qualify   | y for the exer | mption stated in  | n Section 179.07(3)(i), Florida Statutes, I furthe<br>url shall have the same lega/jeffect as if mad<br>ayired by Jhapter 607, Florida Statutes; and t | or certify that the informatio |
| officer or                                  | director of the corporation or the re            | nar annual report is true <b>and a</b><br>receiver or trustee empo <b>wered</b> | to execute th  | nis report <b>a</b> s rec   | gured by Chapter 607, Noriga Statutes; and t   | nat my name appears in         |
| Block 12                                    | or <b>Bloc</b> k 13 if changed, or on an at      | tachment with an address.   |                | // // // // // // // // // // // // //  | 1. 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | ./                             |