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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT (

Sandra B. Morth

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000083839 (5)

RISTORANTE ITALIA INC.

## **FILED** May 05 1998 8:00am Secretary of State



Dringing Plac	on of Business	Mailing Address				
730 West Sandlake Road Orlando Fl 32809			730 WEST SANDLAKE ROAD ORLANDO FL 32809			DO NOT WOLTE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 09/29/1997
2. Principal F	Place of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For
21		26	26			59-347082   Not Applicable
Suite, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi
City & Sta	00		City & State			
City & State		<b>→</b> ŋ '	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Žip	Country	Zip	Cor	untry	<del></del> -	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
18.41	9, Name and Address of Curre			Т		10. Name and Address of New Registered Agent
ΔL	IERILAWYER CHARTERED			81	Name	
				00	Ctront Add	Second (C.O. Day Mumber in Not Acceptable)
CORAL GABLES FL 33134			82	Street Add	fress (P.O. Box Number is Not Acceptable)	
	OTAL GADECO I E 00104			83	<del></del> -	
				84	City	FL 85 Zip Code
44 Duramant	to the provisions of Soutions 607.06	02 and 607 1508 Florida	Statutes the a	hove	a-named cor	poration 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.						
SIGNATURE						
	Signature, typed or printed name of registered as	<del></del>			nt signature requ	red when reinstating) DATE.
12.	<del></del>	ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD	L DELE				Change Li Adonon
NAME	PANUZZO, ANTONIO		1.2 N			
STREET ADDRESS	730 WEST SANDLAKE ROAL	)			ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809			ITY-S	T-ZIP	
TITLE	VD	DELE				Change Addition
NAME	PANUZZO, FRANK	_	2.2 N			
STREET ADDRESS	730 WEST SANDLAKE ROAL	)			ADDRESS	
CITY-ST-ZIP					ST - ZIP	Channe
TITLE	STD STORE	☐ DELE				☐ Change ☐ Addition
NAME	TISBO, DEBRA	_	3.2 N			
STREET ADDRESS	730 WEST SANDLAKE ROAL	)	3.3 S	TREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809				ST-ZIP	
TITLE		☐ DELE				Change  Addition
NAME				NAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP				Y-S	T-ZIP	
TITLE		☐ DELE		,		Change Addition
NAME			5.2 N			
STREET ADDRESS			5.3 S	REET	ADDRESS	
CITY-ST-ZIP			5.4 0		t-21P	
TITLE		☐ DELE	TE 6.1 T	E		Change Addition
NAME			6.2 N	ЛE		
STREET ADDRESS			6.3 S	£ÉT	ADDRESS	
CITY-ST-ZIP			6.4 0	Y-\$	1-ZIP	
14.   hereby	certify that the information supplied	with this filing does not qu	ialify for the ex	mp:	tion stated in	n 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 corporation or the receiver or trustee employered 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 of an adjustment with an address.