## 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

## DOCUMENT # **P98000024146**1. Corporation Name

LA PIZZA NOSTRA CORP.

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90090 025 \*\*\*150.00



Principal Place	e of Business		Ma	iling Address										
999 PONCE DE LEON. STE 715 999 PONCE DE LEON. STE 71														
CORAL GABLES FL 33134			CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE					
								3 Date	e Inco	rporated or Qualifed				}
									/13/1	•				
2 Principal D	Place of Business		⊤ 2a	Mailing Address				4. FEI		NO.F		T Ap	plied For	1
1. 125 /		OKEECHOSEE	26	12519	WEST (	OKBE	CHOBE			65-082	2234	<del> </del>	t Applicable	1
Suite, Apt.		-1,000HUZE	20	Suite, Apt. #, etc								\$8.75	Additional	1
12	<i>"</i> , σ.σ.		27					5. Cen	tifcate	of Status Desired		Fee Re	quired	J
City & Stat	te		<del> -</del> -	City & State ··				6. Èlec	tion C	ampaign Financing		\$5.00	May Be	]
3 HIALES	AH GARD	ENS, FL	28	HIALEAH	GARDEN	VS,	FL.	Trus	st Fun	d Contribution	<u> </u>	Added 1	o Fees	.[
Zip		ountry		Zip	Co	untry	· C A	8. This	corpo	oration owes the cu	rrent year Int		_	
<u>,</u> ` ≥33∢	0/6 [25]	USA	29	33016	30	$\nu$	<i>SA</i>			Property Tax.		Yes	No	1
	9. Name and A	Address of Current	Regist	tered Agent		<del> </del>		10. Nar	ne an	d Address of New	Registered	Agent		-
	FID. 1410000		·			81	Name							
	EIRA, MARCOS	N 07F 74F				82	Street Add	dress (P.O. 6	3ox Ni	umber is Not Accep	table)			1
	PONCE DE LEO													-
COF	RAL GABLES FL	33134				83						•		Į
						84	City					85 Zip (	Code	1
		<del>_</del>						<del></del>		· · · · · · · · · · · · · · · · · · ·	FL			1
11. Pursuant	to the provisions o	f Sections 607.0502 both, in the State of	and 60 Florid	07.1508, Florida la. Such change	Statutes, the : was authorize	above-red by the	named co: le corpora	rporation sub ition's board	of dire	nis.statement for.th ectors. I hereby acc	e.purpose or. ept the appoi	ntment as re	gistered	1
agent. I a	m familiar with, an	d accept the obligation	ons of,	Section 607.050	5, Florida Sta	tutés.	•							1
SIGNATURE											DATE			_ ا
12.	Signature, typed or printe	of name of registered agent a OFFICERS AND			(NOTE: Registere		agnature requi	ared when reinstat		S/CHANGES TO O		ID DIRECTO	ORS IN 12	9
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14. I hereby certify that the information supplied with this tiling 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 suppliemental 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 diefreceiver 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 attaching Matth an address, with all other like empowered.

SIGNATURE: