PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90149 008 \*\*\*150.00

## DOCUMENT # P98000025812

STILETTOS RISTORANTE ITALIANO, INC.

Principal Place	of Business	Mailing A	Address				יופי ישועו פול ופעוופעו י	, 881), 4811; 8811; 8811		,a.aegg.	
•	ie blvd Penthouse	10800 BIS	10800 BISCAYNE BLVD PENTHOUSE								
			MIAMI FL 39161				NT WOITE IN THE	e enace			
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							3. Date Incorporated or Q	ualited		)	
							03/13/1998			lied For	
2. Principal Pl	lace of Business	<b>├</b>	ng Address				4. FEI Number OS	2795	\ <del>                                     </del>	lied For	
21		26					63-00			Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				
22		27						<del></del>			
City & State	•	<del></del>	City & State			6. Election Campaign Fina	- 1	- \$5.00 M Added to			
23		28 Zip =		Cau	nto.	. عني عد	Trust Fund Contribution			1 403	
Zip	Country	<del></del>	_	_	iiu y				Yes [	□No	
24	25	29	3	0			10. Name and Address of				
	9. Name and Address of Cur	rent Kegisterea	Agent		81	Name	10. Hairie and Address of	TOBIOLOGIC		1	
RVA	N. NANCY				"	Maille					
	XX, TURIO I XX BISCAYNE BLVD., PENTHO	HISE			82	Street A	idress (P.O. Box Number is Not	Acceptable)			
	MI FL 33161	JUL			83						
i numan	WITE 22101				83					1	
					84	City		FI	85 Zip C	ode	
					Щ				<b>-</b> ' '	a giotoga d	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	0502 and 607.150 ate of Florida. Sud ligations of, Sections	8, Florida Statules in change was aut on 607.050S, Floric	, the at horized la Statu	bove- l by ti utes.	-named co he corpor	orporation submits this statement ation's board of directors. I hereb	y accept the appo	i changing its i ger as themtnik	istered	
SIGNATURE							<u>,</u>	DATE			_
	Signature, typed or printed name of registered				Agent	ardustrus sad	ADDIŢIONS/CHANGES		NO DIRECTOR	S IN 12	CR2E034 (11/98)
12.		AND DIRECTOR	DELETE	13.			ADDITIONS CHARGES	TO GITTIGETO A	Change	Addition	7
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CITY-ST-ZIP	CORAL GABLES FL 33134		☐ OELETE	1.4 CT 2.1 TH	TY-ST-	- ZIP   6	TIMEL TO COLU.		C7.01	Addition	5
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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 cath; that I am an officer or director of the corporation or the receiver or Irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block—10 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ACHATURY AND YOUR OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 (305)899-0404