

FROM : INOS PIZZA & BREW III

FAX NO. : 407 999 7708

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90009 036 ***150.00

09-24-1999 90012 028 ***400.00

09011999-90009-836-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE SEPTEMBER 30TH OF DISSOLVED, REISSUE AMOUNT DUE TO REINSTATE STATE.

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000048393			
1. Corporation Name GINO'S PIZZA IV, INC.			
Principal Place of Business 1535 WASHINGTON AVE MIAMI FL 33139		Mailing Address 1535 WASHINGTON AVE MIAMI FL 33139	
2. Principal Place of Business 407 Lincoln Rd #5B Suite, Apt. #, etc.		3. Mailing Address 407 Lincoln Rd #5B Suite, Apt. #, etc.	
4. City & State Miami Beach FL 33139		5. City & State Miami Beach FL 33139	
6. State and Address of Current Registered Agent ROSSO, DARREN J. 2630 HOLLYWOOD BLVD., SUITE 101 HOLLYWOOD FL 33020		7. State and Address of New Registered Agent ROSSO, DARREN J. 2630 HOLLYWOOD BLVD., SUITE 101 HOLLYWOOD FL 33020	
8. Signature of Officer or Director 08-29-1999			
9. Signature of Registered Agent 08-29-1999			
10. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY/ST-CP		15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY/ST-CP	
19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY/ST-CP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY/ST-CP	
27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY/ST-CP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY/ST-CP	
35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY/ST-CP		39. TITLE 40. NAME 41. STREET ADDRESS 42. CITY/ST-CP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(1)(b), Florida Statutes. I further certify that the information included 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 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 in an attachment with an address.			
SIGNATURE: <u>SIGNATURE REQUIRED</u> 08-29-1999 305-534-8272			

MAIL 14 1999 03:54PM PA

PHONE NO. :

FROM :