

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000088025
1. Corporation Name	. 0000000000000000000000000000000000000

PIAZZA PROPERTIES, INC.

Principal Place	of Business	Mailing Address						
BECS DRIFTWOK TAMPA FL 3361		B603 DRIFTWOOD DR TAMPA FL 33615						
2. Principal Pi	ace of Business	2a. Mailing Address						
21		26						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						
22		27						
City & State	9	City & State						
23		28						
Zip	Country	Zip Country						
24	25	29 30						
	9. Name and Address of Co	urrent Registered Agent						
DIAT	24 4410	[81]	Name					
	ZA, JULIO L DRIFTWOOD DR	82	Street A					

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FH.1	ED
10 JEB 25	HM 10 57
LILANASSI	G STATE E.FLORDA

3. Date Incorporated or Qualifed 10/14/1998			
4. FEI Number		19:	Applied For Not Applica
5. Certificate of Status Desired	į)	\$8.75	Additional Required
6. Election Campaign Financing Trust Fund Contribution	E.1	\$5.00 May Be Added to Fees	
8. This corporation owes the curre Personal Property Tax	ent year	Intangible []]Yes	[]No
10. Name and Address of New R	egistere	d Agent	

	City			FL	85	Zip Code
bov€	named corporation s	ubmits this statemen	t for the purp	ose of ch	rangi	ing its registered

office or r	to the provisions of Sections 607.0502 and 607.1508, Fi egistered agent, or both, in the State of Florida. Such ch im familiar with, and accept the obligations of, Section 60	ange was auth	orized by the corp-	corporation subs oration's board o	mits this sta of directors.	tement for the I hereby accep	purpose of tithe appoi	changing its re ntment as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registored agent and title if applicable	(NOTE File	gistered Agent signature i	equired when remotati	ng)		DATÉ		
12.	OFFICERS AND DIRECTORS		13.	IQQA	TIONS/CHA	NGES TO OF	ICERS AN	D DIRECTOR	S IN 12
TITLE	C.	DELETE	1.1 TITLE	[P				[] Change	Addition
NAME			12 NAME	Julio	PIAZ	ZA	_ 4		•
STREET ADDRESS		l	1.3 STREET ADDRESS	8603	DKII	ftwco D	DK		
CITY-ST-ZIP			1.4 CITY-S1-ZIP	TAMPA	FL	3361	5		
TITLE	[DELETE	21711LF					[] Change	[] Addition
NAME			2 2 NAME						
STREET ADDRESS			23 STREET ADDRESS	j					
CITY-ST-ZIP			2 4 CITY-ST-ZIF)					
TITLE	C.	DELETE	3 1 TITLE					[] Change	[] Addition
NAME			32 NAME	ł	300	Sooc	759	303-	4
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CITY-ST-ZIP			34 CITY-ST-ZIP			****	50.00	****15	0.00
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CITY-ST-ZIP			44 CITY-SY-ZIP	1					
TITLE		DELETE	511mF					Change	☐ Addition
NAME			5.2 NAME	Ì					
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TITLE		DELETE	61 TITLE	j				[] Change	ddillon,
NAME		i	6 2 NAME					\sim	Mapa
STREET ADDRESS	,	į	63STREET ADDRESS	{				,-	W
CITY-ST-ZIP			64 CHY-ST-ZIP					,	1.1

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 1 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 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 a attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNING OFFICER OR DIRECTOR | SIGNING OFFICER OR

CR2E034 (11/98)