


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90213 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000101235					
1. Corporation Name THAT OLD PIZZA, CORP					
Principal Place of Business 220 71ST STREET, SUITE 217 MIAMI BEACH FL 33141			Mailing Address 220 71ST STREET, SUITE 217 MIAMI BEACH FL 33141		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 360 SE 1ST STREET		26 220 71ST STREET		12/07/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 SUITE 217		65-0879765	
City & State		City & State		Applied For	
23 MIAMI FL		28 MIAMI BEACH FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33131		29 33141		30 USA	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25 USA		30 USA		80 Yes 81 No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
OCTAVIO CRUZ, JOSE 220 71ST STREET, SUITE 217 MIAMI BEACH FL 33141			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL		
			85 Zip Code		
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: JOSE OCTAVIO CRUZ / President DATE: APR 15, 99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT & TREASURER					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE SECRETARY					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE VICE PRESIDENT					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

JOSE OCTAVIO CRUZ

APR 15/99

(305) 866-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)