

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

FILED  
Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 502445  
**1. Corporation Name**  
 Boccaccios Inc.

**Principal Place of Business** 5030 champion Blvd. St. 86-195  
**Mailing Address** Boca Raton Fl. 33496

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
21 Same	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

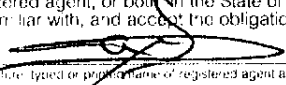
<b>3. Date Incorporated or Qualified</b> 9-24-90	<b>3a. Date of Last Report</b>
<b>4. FEI Number</b> 65-0218037	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
 Antonio R. Jiaz Jr.  
 4950 N. Dixie Hwy  
 Ft. Lauderdale Fl 33334

**10. Name and Address of New Registered Agent**

<b>81 Name</b> Antonio Jiaz
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> 5030 champion Blvd
<b>83 Suite</b> 86-195
<b>84 City</b> Boca Raton <b>FL</b> <b>85 Zip Code</b> 33496

**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**  **Antonio R. Jiaz Jr.** **DATE** 4-1-97

(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-stating)

**12. OFFICERS AND DIRECTORS**

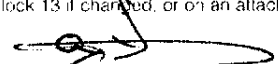
<b>TITLE</b> Pres.	<input checked="" type="checkbox"/> DELETE
<b>NAME</b> Antonio R. Jiaz Jr.	
<b>STREET ADDRESS</b> 4950 N. Dixie Hwy	
<b>CITY-ST-ZIP</b> Ft. Lauderdale Fl 33334	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11 TITLE</b> Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12 NAME</b> Antonio Jiaz	
<b>13 STREET ADDRESS</b> 5030 champion Blvd S. 86-195	
<b>14 CITY-ST-ZIP</b> Boca Raton Fl 33496	
<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22 NAME</b>	
<b>23 STREET ADDRESS</b>	
<b>24 CITY-ST-ZIP</b>	
<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32 NAME</b>	
<b>33 STREET ADDRESS</b>	
<b>34 CITY-ST-ZIP</b>	
<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42 NAME</b>	
<b>43 STREET ADDRESS</b>	
<b>44 CITY-ST-ZIP</b>	
<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52 NAME</b>	
<b>53 STREET ADDRESS</b>	
<b>54 CITY-ST-ZIP</b>	
<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62 NAME</b>	
<b>63 STREET ADDRESS</b>	
<b>64 CITY-ST-ZIP</b>	

**200002138632**  
 -04/10/97--01004--035  
 \*\*\*165.00

**14. I do 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 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 an attachment with an address.**

**SIGNATURE:**  **DATE** 4-1-97 **DAYTIME PHONE #** 954-583 3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)