

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S31885 (4)

1. Corporation Name
PIZZERIA UNO OF BUENA VISTA, INC.

Principal Place of Business 100 CHARLES PARK ROAD WEST ROXBURY MA 02132	Mailing Address 100 CHARLES PARK ROAD WEST ROXBURY MA 02132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1991	
21		26		4. FEI Number 04-3116766	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 agent 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEVER, DAMON M			1.2 NAME			
STREET ADDRESS	100 CHARLES PARK ROAD			1.3 STREET ADDRESS			
CITY - ST - ZIP	WEST ROXBURY MA			1.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, CRAIG S			2.2 NAME			
STREET ADDRESS	100 CHARLES PARK RD			2.3 STREET ADDRESS			
CITY - ST - ZIP	WEST ROXBURY MA			2.4 CITY - ST - ZIP			
TITLE	DVT	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, ROBERT M			3.2 NAME	D Brown, Robert		
STREET ADDRESS	100 CHARLES PARK RD			3.3 STREET ADDRESS	100 Charles Park Road		
CITY - ST - ZIP	WEST ROXBURY MA			3.4 CITY - ST - ZIP	West Roxbury, MA		
TITLE	VS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUNNINGHAM, JOHN O.			4.2 NAME			
STREET ADDRESS	100 CHARLES PARK ROAD			4.3 STREET ADDRESS			
CITY - ST - ZIP	WEST ROXBURY MA			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Spencer, Aaron		
STREET ADDRESS				5.3 STREET ADDRESS	100 Charles Park Road		
CITY - ST - ZIP				5.4 CITY - ST - ZIP	West Roxbury, MA		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	Virest, Robert M.		
STREET ADDRESS				6.3 STREET ADDRESS	100 Charles Park Road		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	West Roxbury, MA		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: Robert M. Virest, Secretary, V.P. Finance

1/20/98

617-323-9800

CR2E034 (10/97)