FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74603 (9)

1. Corporate Name
PIZZA PARTY INC.

Mailing Address
958 SW 81ST AVE.
N. LAUDERDALE FL 33068
US

Mailing Address
13800 SW 29 STREET
DAVIE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21
22 Suite Apt # etc
23 City & State
24 25

2a. Mailing Address
26
27 Suite Apt # etc
28 City & State
29 30

4. FEI Number: 65-0284790 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. Has corporation had activity to be eligible for exemption under S. 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MAKTABI, ABDOLKARIME
13800 SW 29 STREET
DAVIE FL 33330

10. Name and Address of New Registered Agent
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 607.0505 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 of Registered Agent or Officer or Director of Registered Agent Corporation — Date

12. OFFICERS AND DIRECTORS

Title	D
NAME	MAKTABI, ABDOLKARIME
Street Address	13800 SW 29 ST.
City St Zip	DAVIE FL
Title	D
NAME	MAKTABI, CHRISTINE
Street Address	13800 SW 29 ST.
City St Zip	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17

41 Title	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 Title	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 Title	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	
71 Title	☐ Change ☐ Addition
72 NAME	
73 STREET ADDRESS	
74 CITY ST ZIP	
81 Title	☐ Change ☐ Addition
82 NAME	
83 STREET ADDRESS	
84 CITY ST ZIP	
91 Title	☐ Change ☐ Addition
92 NAME	
93 STREET ADDRESS	
94 CITY ST ZIP	

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes (Section 119.07(3)(n) provides that the home addresses on the annual report or supplemental annual report of a law enforcement officer, correctional officer, or correctional probation officer, or their spouses or children, or of the officers or directors of the corporation or the owner or trustee empowered to execute the 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: [signature] 5/95 720907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christine maktabi

0236156 CP