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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:08

DOCUMENT # V31997 (2)

1. Corporation Name
DADE PIZZA PARTNERS, INC.

Principal Place of Business	Mailing Address
15802 NW 57TH AVE MIAMI LAKES FL 33014 US	5743 NW 159 ST MIAMI LAKES FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21): 15802 NW, 57th. Ave.
Suite, Apt. #, etc. (22):
City & State (23): Miami, FL 33015
Zip (24): 33015 Country (25): USA

2a. Mailing Address (26): Same
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0342807 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JONES, SCOTT D.
5743 NW 159 ST
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: ALEIDA S. PATINO
82 Street Address (P.O. Box Number is Not Acceptable): 19272 NW, 88th. Pl.
83: MIAMI FL 33015
84 City: FL 85 Zip Code: 33015

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: [signature] 5/23/95
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	VD	11 TITLE	P	☒ Change ☐ Addition
NAME	PEREZ, JOSEPH F.	12 NAME	ALEIDA S. PATINO	
STREET ADDRESS	11336 S.W. 158TH CT.	13 STREET ADDRESS	19272 NW, 88TH. PL.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	21 TITLE	VP	☒ Change ☐ Addition
NAME	JONES, SCOTT D.	22 NAME	LUIS E. PATINO	
STREET ADDRESS	11421 S.W. 117TH CT.	23 STREET ADDRESS	19272 NW, 88TH. PL.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL 33015	
TITLE		31 TITLE	T	☒ Change ☐ Addition
NAME		32 NAME	FREDDY PATINO	
STREET ADDRESS		33 STREET ADDRESS	19272 NW, 88TH. PL.	
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI FL 33015	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP	REMITTED BY MAY 1	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ALEIDA PATINO [signature] 4/29/95 (305) 558 1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084375 CP