

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V31997** (2)

1. Corporation Name

**SORRENTOS PIZZA, INC.**



Principal Place of Business

Mailing Address

**15802 NW 57TH AVE  
MIAMI FL 33015  
US**

**5743 NW 159 ST 15802 NW, 57th. Ave.  
MIAMI LAKES FL 33014 Miami, FL 33014  
US**

3. Date Incorporated or Qualified **04/24/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **15802 NW, 57th. Ave.**

2a. Mailing Address  
26 **Same**

4. FEI Number **65-0342807** 65-0347807 Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State **Miami, FL 33014**

28 City & State

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

24 Zip **33015** 25 Country **USA**

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATINO, ALEIDA S.  
19272 NW 88TH PL  
MIAMI FL 33015**

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

*[Signature]*  
Signature, typed or printed name, of registered agent and if that of a corporation

(If D/E Registered Agent signature required when not changing)

DATE

**1/24/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PATINO, ALEIDA S.</b>	
STREET ADDRESS	<b>19272 NW 88TH PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PATINO, LUIS E.</b>	
STREET ADDRESS	<b>19272 NW 88TH PL</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<b>P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>Patino, Aleida S.</b>	
3. STREET ADDRESS	<b>19272 NW, 88th. Pl.</b>	
4. CITY - ST - ZIP	<b>Miami, FL 33015</b>	
5. TITLE	<b>T/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>Patino, Freddy</b>	
7. STREET ADDRESS	<b>19272 NW, 88th. Pl.</b>	
8. CITY - ST - ZIP	<b>Miami, FL 33015</b>	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aleida S. Patino**

**1/24/96**

**(305) 578-5005**

Date

Daytime Phone #

CR2E034 (12/95)