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FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: **15802 NW 57TH AVE MIAMI FL 33015 US**
 Mailing Address: **5743 NW 159 ST MIAMI LAKES FL 33014-6749 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0347807	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PATINO, ALEIDA S. 19272 NW 88TH PL MIAMI FL 33015		10. Name and Address of New Registered Agent	
81 Name	Jesus Manuel Rojas		
82 Street Address (P.O. Box Number is Not Acceptable)	15802 NW 57TH AVE		
83			
84 City	MIAMI	85 State	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, Sections 607.0505, Florida Statutes.

SIGNATURE:  **05/13/97**
 Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATINO, ALEIDA S	1.2 NAME	
STREET ADDRESS	19272 NW 88TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATINO, FREDDY	2.2 NAME	
STREET ADDRESS	19272 NW 88TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PS
STREET ADDRESS		3.3 STREET ADDRESS	JESUS MANUEL ROJAS
CITY-ST-ZIP		3.4 CITY-ST-ZIP	15802 NW 57TH AVE
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TVP
STREET ADDRESS		4.3 STREET ADDRESS	BEN BELA ABOUNASSIF
CITY-ST-ZIP		4.4 CITY-ST-ZIP	15802 NW 57TH AVE
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, unchanged, or on an attachment with an address.

SIGNATURE:  **4/15/97 (for) rrrrroor**

CR2E034 (9/96)