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ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:11

DOCUMENT # V71311 (7)

1. Corporate Name
MAMA MIA II, INC.

Principal Place of Business	Mailing Address
5195 S. UNIVERSITY DRIVE DAVIE FL 33314 US	5900 JOHNSON STREET HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1992	3a. Date of Last Report: 01/24/1994
4. FEI Number: 65-0368675	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X	$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 X No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

GASPARE GRECO
5610 CASTLEGATE AVE.
DAVIE FL 33084

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 607.0502 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: (Typed or printed name of Registered Agent) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PSD NAME: GASPARE GRECO STREET ADDRESS: 5610 CASTLEGATE AVE. CITY-ST-ZIP: DAVIE FL 33084	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: CARMELA, GRECO STREET ADDRESS: 5195 S. UNIVERSITY DRIVE CITY-ST-ZIP: DAVIE FL 33314	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	31 TITLE V/D 32 NAME ALFONSO GRECO 33 STREET ADDRESS 5620 CASTLEGATE AVE 34 CITY-ST-ZIP DAVIE, FL 33084 ☐ Change X Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	41 TITLE V/D 42 NAME LUISA GRECO 43 STREET ADDRESS 5620 CASTLEGATE AVE 44 CITY-ST-ZIP DAVIE, FL 33084 ☐ Change X Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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)(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: Gaspare Greco PRES 2/17/95 963-7555
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Date — Telephone Number

0002015 CP