FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V71311

MAMA MIA II. INC.

Principal Place of Business 5195 S. UNIVERSITY DRIVE DAVIE FL 33314

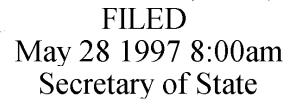
2. Principal Place of Business

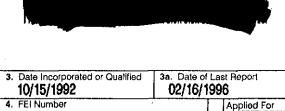
Mailing Address

2a. Mailing Address

26

5900 JOHNSON STREET HOLLYWOOD FL 33021-5838





Not Applicable

65-0368675

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **GASPARE GRECO** 5610 CASTLEGATE AVE. Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33084** 83 84 City Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE							
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	DELETE	1.1 THILE	RUDITIONS/OTIANGED TO C	☐ Change	Addition	
NAMÉ	GASPARE GRECO		1.2 NAME		La Change	\	
}	5610 CASTLEGATE AVE.						
STREET ADDRESS	DAVIE FL 33084		1.3 STREET ADDRESS			,	
CITY-ST-ZIP		T briere	1.4 CITY-ST-ZIP		Па.	3.4400	
TITLE	D -	DELETE	2.1 TITLE		☐ Change	Addition	
NAME	CARMELA, GRECO		2.2 NAME			1	
STREET ADDRESS	5195 S. UNIVERSITY DRIVE		2.3 STREET ADDRESS			İ	
CITY-ST-ZIP	DAVIE FL 33314		2. 4 CITY-ST-ZIP				
TITLE	VO	☐ DELETE	8.1 TITLE		; Change	Addition	
NAME	ALFONSO, GRECO		3.2 NAME		:	[
STREET ADDRESS	5620 CASTLEGATE AVE		3.3 STREET ADDRESS		•	1	
CITY-ST-ZIP	DAVIE FL		8.4. CITY-ST-ZIP	*		·	
TITLE	VD	DELETE	4,1 TITLE		Change	Addition	
NAME	GRECO, LUISA		4. 2 NAME				
STREET ADDRESS	5620 CASTLEGATE AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	DAVIE FL		4.4 CITY - ST - ZIP		. 1	. 1	
TITLE		DELETE	5.1 TITLE		Change	Addition	
<u> </u>	•		5.2 NAME				
NAME					(h 70</th <th>4100</th>	4100	
STREET ADDRESS			5.3 STREET ADDRESS		711)	/ / /	
CITY-ST-ZIP		- Delete	5.4 CITY-ST-ZIP			[] A 1000	
TITLE		DELETE	6.1 TITLE	50000220	Change	Addition	
NAME			6.2 NAME	-06/06/97010	10577033 1731 T 3	[
STREET ADDRESS			G.3 STREET ADDRESS	***165.00	IOG TUDO		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	****100.00			

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on an attachment visit an address.