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53035950

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FILING DEADLINE IS:

RETURN TO: 88

STATE OF ILLINOIS

CORPORATION  
FILE NO.

Corporation Department  
Secretary of State  
Springfield, IL 62756  
Telephone (217) 782 7808

## DOMESTIC CORPORATION ANNUAL REPORT

YEAR OF 1988

D 5149-554-3

**FILED**

JAN 25 1989

1.)

CORPORATE NAME: **MANZO'S RISTORANTE, INC.**  
 REGISTERED AGENT: **GERALD EISEN** ~~XXXXXXXXXXXXXXXXXXXX~~  
 REGISTERED OFFICE: ~~XXXXXXXXXXXXXXXXXXXX~~ **7501 N Milwaukee**  
 CITY, IL, ZIP CODE: ~~XXXXXXXX, IL XXXXX~~ **60648**  
 Niles

SECRETARY OF STATE

2.) AGENT/OFFICE CHANGES ONLY (500 11h)  
**MANZO'S RISTORANTE, INC.**

*Corporation Name*

*Registered Agent*

**6300 N. River Road-Ste 314**

*Registered Office - Street Address*

**Rosemont, Cook 60018**

*E.M. City, County, IL Zip Code*

3.) Date Incorporated **7/10/78**

Give complete address of principal office, if other than above

Federal Employer Identification Number (FEIN) **362974491**

4.) The names and addresses of the officers and directors are: (If officers are directors, so state.)

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Giuseppe Anzaldi	President	3210 W. Irving Park Road	Chicago	IL	
Maria Anzaldi	Secretary	3210 W. Irving Park Road	Chicago	IL	
Maria Anzaldi	Treasurer	3210 W. Irving Park Road	Chicago	IL	
Maria Anzaldi	Director	3210 W. Irving Park Road	Chicago	IL	
Giuseppe Anzaldi	Director	3210 W. Irving Park Road	Chicago	IL	
	Director				

5.) The type of business actually conducted in Illinois is:

6.) Number of shares authorized and issued (as of 4-30-88 )

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
NON-PAR			3,000	

7a.) The amount of paid-in capital as of 4-30-88 is:

\*PAID-IN CAPITAL \$ 10,000.00

\*\*"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings.

7b.) The Paid-in Capital as of 4-30-88 on record with the Secretary of State is:

TOTAL \$ 10,000.00

(The figure in Item 7b may not be altered.)

## ITEM 8 MUST BE SIGNED

By Giuseppe Anzaldi President 1/6/89  
(Any Authorized Officer's Signature) (Title) (Date)  
(Pres. or V. Pres. required if changes listed in 2)

Attest Maria Anzaldi Secretary 1/6/89  
(Secretary's or Ass't Secretary's Signature) (Title) (Date)  
required only if changes listed in 2)

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

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Property of Cook County Clerk's Office

033-1-1-350

033-1-1-350 \$12.25  
033-1-1-350 10/10/10  
033-1-1-350 10/10/10  
033-1-1-350 10/10/10

Mind to:  
Gerald Lee & Assoc. LTD  
6300 N. Knox Rd S-314  
Rosemont IL 60018