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**Mar 10 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 # 521564 (5)
1. Corporation Name
VOGUE CUISINE, INC.



Principal Place of Business: **437 GOLDEN ISLES DR. APT. 15G HALLANDALE FL 33009**
Mailing Address: **437 GOLDEN ISLES DR. APT. 15G HALLANDALE FL 33009-7538**

3. Date Incorporated or Qualified: **01/04/1977**
3a. Date of Last Report: **02/19/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1737562	Applied For: <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	29. Zip	30. 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

10. Name and Address of New Registered Agent

**SCHLANGER, MINNIE S.
437 GOLDEN ISLES DR., APT. 15G
HALLANDALE FL 33009**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHLANGER, MINNIE S.		1.2 NAME	
STREET ADDRESS: 437 GOLDEN ISLES DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: HALLANDALE FL		1.4 CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HELVEY, DAVID		2.2 NAME	
STREET ADDRESS: 3710 GRANDVIEW BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP: LOS ANGELES CA		2.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HELVEY, CAROL		3.2 NAME	
STREET ADDRESS: 3710 GRANDVIEW BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP: LOS ANGELES CA		3.4 CITY-ST-ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HELVEY, CLINTON		4.2 NAME	
STREET ADDRESS: 3710 GRANDVIEW BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP: LOS ANGELES CA		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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 if changed, or on an attachment with an address.

SIGNATURE: *Clinton Helvey* **SEC. TREAS. 2-28-97 310 891 1053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)