FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031283 (3)**

1. Corporation Name
BISTRO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2269 LEE ROAD WINTER PARK FL 32789	2269 LEE ROAD WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1993**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21 Le Provence Bistro
Suite, Apt. #, etc.
22 50 East Pine Street
City & State
23 Orlando, FL
Zip 24 32801 Country 25 U.S.A.

2a. Mailing Address
26 Le Provence Bistro
Suite, Apt. #, etc.
27 50 East Pine Street
City & State
28 Orlando, FL
Zip 29 32801 Country 30 U.S.A.

4. FEI Number: **59-3179004** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ☒ No

9. Name and Address of Current Registered Agent

BOSCHMANS, ERIC F
2269 LEE ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Mrs. Mathilde Bellanger
82 Street Address (P.O. Box Number is Not Acceptable): c/o Le Provence Bistro Francais
83 50 E. Pine St.
84 City: Orlando **FL** 85 Zip Code: 32801

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: Mathilde Bellanger Mathilde Bellanger 843-1320 4/10/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/S/T	☒ Change ☐ Addition
NAME	ZYDERVELD, JOOST P	12 NAME	Mrs. Mathilde Bellanger	
STREET ADDRESS	2269 LEE ROAD	13 STREET ADDRESS	50 E. Pine St.	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	Orlando, FL 32801	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do 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: Mathilde Bellanger MATHILDE BELLANGER 843-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/10/95 — Daytime Phone #

004A11 CP