

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90036 001 ***150.00

DOCUMENT # P94000065216

1. Corporation Name FRENCH FOODS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 101 MADEIRA AVENUE CORAL GABLES FL 33134 Mailing Address 101 MADEIRA AVENUE CORAL GABLES FL 33134

3. Date Incorporated or Qualified 09/06/1994 4. FEI Number 65-0537278 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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent ARAZOZA, COMAS DE TORRE 101 MADEIRA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name Arazoza, Comas, de Torres & Fernandez-Fraga, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 2100 Salzedo Street 83 Suite 300 84 City Coral Gables, FL 85 Zip Code 33134

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 [Signature] [Signature] DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: PD BEDQUARE, ALAIN, C/O 101 MADEIRA AVE, CORAL GABLES FL.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition. Rows 1.1 through 6.4.

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 03/29/99 305-8674433

CR2E034 (11/98)