

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000066926 (3)**
 1. Corporation Name

CHERCHE MIDI CORP.



Principal Place of Business

Mailing Address

141 N. HIBISCUS DR.
 MIAMI BEACH FL 33139

141 N HIBISCUS DR.
 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified **06/29/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 (DBA) **L'Ambiance de Provence**

27 **L'AMBIANCE de Provence**

4. FEI Number: **65-0637288**

Applied For
 Not Applicable

22 Suite, Apt #, etc. **2771 S.W. 27th Avenue**

27 Suite, Apt #, etc. **2771 S.W. 27th Avenue**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State **Miami, Florida**

28 City & State **Miami Florida**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **33133**

25 Country **USA**

29 Zip **33133**

30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City

FL 85 Zip Code

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 type for personal name of registered agent and the applicable

(NOTE: Registered Agent signature required with reinstatement)

FAH

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATKINS, DOROTHY	
STREET ADDRESS	141 N. HIBISCUS DR.	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REALINI, MARCO	
STREET ADDRESS	141 N. HIBISCUS DR.	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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*****225.00**

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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Watkins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15 1996 305-673-3230
 Date (Print) (Type)

CR2E034 (3/96)