FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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	Mailing Address
437 GOLDEN ISLES DR.,APT. 15G HALLANDALE FL 33009	437 GOLDEN ISLES DR.,APT. 15G HALLANDALE FL 33009

3. Date Incorporated or Qualified: 01/04/1977
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1737562 ☐ 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

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

10. Name and Address of New Registered Agent

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 ______ (N.B. Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	XX Director of P.R. & VP	☐ DELETE
NAME	SCHLANGER, MINNIE S.	
STREET ADDRESS	437 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	ST	☒ DELETE
NAME	SCHLANGER, MICHAEL R.	
STREET ADDRESS	437 GOLDEN ISLE DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	P	☐ DELETE
NAME	David Helvey	
STREET ADDRESS	3710 Grandview Blvd. L.A.,CA.	
CITY-ST-ZIP	90066	
TITLE	VP	☐ DELETE
NAME	Carol Helvey	
STREET ADDRESS	3710 Grandview Blvd.	
CITY-ST-ZIP	L.A.,CA. 90066	
TITLE	XXXXXXXXXXXXXXXXX	☐ DELETE
NAME	XXXXXXXXXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXXXXXXX	
CITY-ST-ZIP		
TITLE	ST	☐ DELETE
NAME	Clinton Helvey	
STREET ADDRESS	3710 Grandview Blvd.	
CITY-ST-ZIP	L.A.,CA. 90066	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Minnie S. Schlanger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/1/96 Daytime Phone #: 305 458 2915