


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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 521564 (5)</b> 1. Corporation Name <b>VOGUE CUISINE, INC.</b>		



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>437 GOLDEN ISLES DR. APT. 15G HALLANDALE FL 33009</b>	Mailing Address <b>437 GOLDEN ISLES DR. APT. 15G HALLANDALE FL 33009</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/04/1977</b>	4. FEI Number <b>59-1737562</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>SCHLANGER, MINNIE S. 437 GOLDEN ISLES DR. APT. 15G HALLANDALE FL 33009</b>	
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10. Name and Address of New Registered Agent 81 Name <b>CLINTON HELVEY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>437 GOLDEN ISLES DR 15 G</b> 83 84 <b>HALLANDALE</b> FL 85 Zip Code <b>33009</b>	
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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 Clinton Helvey **CLINTON HELVEY** DATE **1/18/98**

12. OFFICERS AND DIRECTORS	
TITLE	DPV <input type="checkbox"/> DELETE
NAME	<b>SCHLANGER, MINNIE S.</b>
STREET ADDRESS	<b>437 GOLDEN ISLES DRIVE</b>
CITY - ST - ZIP	<b>HALLANDALE FL</b>
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	<b>HELVEY, DAVID</b>
STREET ADDRESS	<b>3710 GRANDVIEW BLVD</b>
CITY - ST - ZIP	<b>LOS ANGELES CA</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>HELVEY, CAROL</b>
STREET ADDRESS	<b>3710 GRANDVIEW BLVD</b>
CITY - ST - ZIP	<b>LOS ANGELES CA</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>HELVEY, CLINTON</b>
STREET ADDRESS	<b>3710 GRANDVIEW BLVD</b>
CITY - ST - ZIP	<b>LOS ANGELES CA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <b>CLINTON HELVEY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>3710 GRANDVIEW BLVD.</b>
1.3 STREET ADDRESS	<b>LOS ANGELES, CA. 90066</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HELVEY, DAVID</b>
2.3 STREET ADDRESS	<b>3215 MAPLETHORPE LAKE</b>
2.4 CITY - ST - ZIP	<b>SOREL, CA 95073</b>
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **CLINTON HELVEY** DATE **1/18/98**

888 236-4144  
310 391-1053

CR2E034 (10/97)