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 # **624675** **(5)**

1. Corporation Name

CHEZ LOUISE, INC.

Principal Place of Business	Mailing Address
~~200 S. BISCAYNE BLVD.~~ ~~SOUTHEAST FINANCIAL CENTER, SUSITE 4500~~ ~~MIAMI FL 33131-2387~~	~~200 S. BISCAYNE BLVD.~~ ~~SOUTHEAST FINANCIAL CENTER, SUSITE 4500~~ ~~MIAMI FL 33131-2387~~

3. Date Incorporated or Qualified: **07/10/1979**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business	2a. Mailing Address
21 1221 Brickell Ave.	26 1221 Brickell Ave.
Suite, Apt. #, etc. 22 c/o Greenberg, Traurig	Suite, Apt. #, etc. 27 c/o Greenberg, Traurig
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 / Country 25 DADE	Zip 29 33131 / Country 30 DADE

4. FEI Number: **59-1988013** ☐ 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

HOWE, OSMOND C., JR.
~~200 S BISCAYNE BLVD SUITE 4500~~
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue

83 (c/o Greenberg, Traurig)

84 City: Miami **FL** 85 Zip Code: 33131

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 _____ (NOTE: Registered Agent signature required when name changed) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MESTRE, ROBERTO		1.2 NAME		
STREET ADDRESS	CANGALLO 949		1.3 STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES ARGENTI		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MESTRE, LUISA E		2.2 NAME		
STREET ADDRESS	CANGALLO 949		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES ARGENTI		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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 added by an attachment with an address.

SIGNATURE: R. Mestre - ROBERTO MESTRE 3/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (12/95)