FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003686

1. Corporation Name
(~~LA CREPE D'OREE, INC.~~ ~~dba~~)
THE PAELLA STORE, INC.

900001465839
-04/27/95--01002--009
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1725 NW 28 St Miami FL 33142	1725 NW 28 St Miami FL 33142

3. Date Incorporated or Qualified: 08/12/93
3a. Date of Last Report: 02/28/94

2. Principal Place of Business	2a. Mailing Address
21 1725 NW 28 St	26 1725 NW 28 St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FLORIDA	City & State 28 Miami FLORIDA
24 Zip 33142 25 County USA	29 Zip 33142 30 County USA

4. FEI Number: 65-04-1863 ☐ 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	10. Name and Address of New Registered Agent
MANUELA ENGELHAJER 1725 NW 28 ST Miami FL 33142	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 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] MANUELA ENGELHAJER S/T 04/07/95
Signature of officer or director of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	D ☐ Change ☐ Addition
NAME		12 NAME	ENGELHAJER LUCIEN
STREET ADDRESS		13 STREET ADDRESS	CHATEAU DE LA MOTHE
CITY ST ZIP		14 CITY ST ZIP	31330 ST GEZERT GRENADE FRANCE
TITLE		21 TITLE	PD ☐ Change ☐ Addition
NAME		22 NAME	ENGELHAJER FRANCOIS
STREET ADDRESS		23 STREET ADDRESS	1725 NW 28 ST
CITY ST ZIP		24 CITY ST ZIP	Miami FL 33142
TITLE		31 TITLE	V ☐ Change ☐ Addition
NAME		32 NAME	PRIETO MARIO
STREET ADDRESS		33 STREET ADDRESS	1725 NW 28 ST
CITY ST ZIP		34 CITY ST ZIP	Miami FL 33142
TITLE		41 TITLE	TS ☐ Change ☐ Addition
NAME		42 NAME	ENGELHAJER MANUELA
STREET ADDRESS		43 STREET ADDRESS	1725 NW 28 ST
CITY ST ZIP		44 CITY ST ZIP	Miami FL 33142
TITLE		51 TITLE	D ☐ Change ☐ Addition
NAME		52 NAME	DABBAS DANIEL
STREET ADDRESS		53 STREET ADDRESS	1575 RUE BEAUDRY
CITY ST ZIP		54 CITY ST ZIP	MONTREAL QU CA
TITLE		61 TITLE	D ☐ Change ☐ Addition
NAME		62 NAME	LEGROS RENE
STREET ADDRESS		63 STREET ADDRESS	1575 RUE BEAUDRY
CITY ST ZIP		64 CITY ST ZIP	MONTREAL QU CA

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: [signature] ENGELHAJER FRANCOIS PD 04/07/95 (305) 6364286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number