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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 18 PM 11:29

DOCUMENT # **G44726** **(9)**

1. Corporation Name
CUISINE DES CHEFS, INC.

Principal Place of Business	Mailing Address
% CHEFS DE FRANCE P.O. BOX 22801 LAKE BUENA VISTA FL 32830-9801	% CHEFS DE FRANCE P.O. BOX 22801 LAKE BUENA VISTA FL 32830-9801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/22/1983
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 2441 Orlando Central Pkwy

2a. Mailing Address
26

4. FEI Number: 59-2388518 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State: Orlando, FL.

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 32809 25 County: Orange

29 Zip 30 County

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, SAMUEL
1830 AVENUE OF THE STARS
% CHEFS DE FRANCE OF ORLANDO, INC
LAKE BUENA VISTA FL 32830

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LENOTRE, GASTON	12 NAME	
STREET ADDRESS	LE PRE CATELIN	13 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BOCUSE, PAUL	22 NAME	
STREET ADDRESS	PAUL BOCUSE CONSELL	23 STREET ADDRESS	
CITY-ST-ZIP	COLLONGES, FRANCE 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	VERGE, ROGER	32 NAME	
STREET ADDRESS	MOULIN DE MOUGINS	33 STREET ADDRESS	
CITY-ST-ZIP	MOUGINS, FRANCE 00000	34 CITY-ST-ZIP	
TITLE	~~TD~~	41 TITLE	X ☐ Change ☐ Addition
NAME	~~FOURET, OLIVIER~~	42 NAME	DELETE
STREET ADDRESS	~~40 RUE FABERT~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~PARIS, FRANCE~~	44 CITY-ST-ZIP	
TITLE	~~S~~	51 TITLE	X ☐ Change ☐ Addition
NAME	~~PONIATOWSKI, EDMOND~~	52 NAME	DELETE
STREET ADDRESS	~~19 QUAI AUX FLEURS~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~PARIS, FRANCE~~	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	WILSON, SAMUEL	62 NAME	
STREET ADDRESS	1830 AVENUE OF THE STARS	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	64 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)(i), 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: _____ Samuel Wilson 4/12/95 407-827-5032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418404 FP