

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **K19295** (0)

95 MAR 14 AM 8:01

1. Corporation Name  
**LE BON PAIN, INC.**

Principal Place of Business      Mailing Address  
**% DANIELLE SARDO**  
**3940 SHIPPING AVENUE**  
**MIAMI FL 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Quashed <b>03/21/1988</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>65-0049598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  <b>SARDO, DANIELLE</b> <b>450 CALIGULA AVENUE</b> <b>CORAL GABLES FL 33146</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150d, Florida Statutes, the above named corporation submits the 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	<b>PD</b>	12. NAME	
2. NAME	<b>SARDO, SEBASTIAN</b>	13. STREET ADDRESS	<b>2711 San Domingo St</b>
3. STREET ADDRESS	<b>2843 S BAYSHORE DR</b>	14. CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
4. CITY-ST-ZIP	<b>MIAMI-FL</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<b>VP</b>	22. NAME	
6. NAME	<b>SARDO, DANIELE</b>	23. STREET ADDRESS	<b>2711 San Domingo St</b>
7. STREET ADDRESS	<b>2843 S BAYSHORE DR</b>	24. CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
8. CITY-ST-ZIP	<b>MIAMI-FL</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<b>S</b>	32. NAME	
10. NAME	<b>RENARD, ANGELINE</b>	33. STREET ADDRESS	<b>737 Rinhorca Av.</b>
11. STREET ADDRESS	<b>6200-SW-33-ST</b>	34. CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
12. CITY-ST-ZIP	<b>MIAMI-FL</b>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<b>P</b>	42. NAME	
14. NAME	<b>SARDO, RAPHAEL</b>	43. STREET ADDRESS	<b>5746 SW 53rd Ter</b>
15. STREET ADDRESS	<b>6200-SW-33-ST</b>	44. CITY-ST-ZIP	<b>South Miami FL 33155</b>
16. CITY-ST-ZIP	<b>MIAMI-FL</b>	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		52. NAME	
18. NAME		53. STREET ADDRESS	
19. STREET ADDRESS		54. CITY-ST-ZIP	
20. CITY-ST-ZIP		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), 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. I am an officer or director of the corporation or trustee or trustor empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed by an annual filing with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3.11.95**