

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M37443

1. Corporation Name

~~LA PRINCIPAL INC. II~~
LA PRINC. FRG FRENCH BAKERY CAFE, II INC

Principal Place of Business

Mailing Address

111 N.W. 1 ST MIAMI, FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **111 N.W. 1 ST MIAMI**

26 **SAME AS 2**

4. FEI Number

Applied For

59-2760907

Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23 City & State

28 City & State

MIAMI FL

MIAMI FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199 (19)?

Florida Statutes

☐ Yes

☐ No

24 Zip

25 Country

29 Zip

30 Country

33128

USA

33128

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IRVING J. WHITMAN, ESQ.
3929 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**

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

Signature typed or printed name of registered agent and fee applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT**
NAME **SIMON WAKNINS**
STREET ADDRESS **111 N.W. 1 ST**
CITY, ST, ZIP **MIAMI, FL 33128**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **900001520018**
1.3 STREET ADDRESS **-06/22/95--01007--010**
1.4 CITY, ST, ZIP *****225.00 ***225.00**

TITLE **SECY - TREAS.**
NAME **MARIE WAKNINS**
STREET ADDRESS **111 N.W. 1 ST**
CITY, ST, ZIP **MIAMI, FL 33128**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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]** **MAY 17 95** **95-372-1135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document #