SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M61125** **(4)**

1. Corporation Name

FRENCH EXPLOSION, INC.

Principal Place of Business	Mailing Address
559 NORTHWEST 28TH ST MIAMI FL 33127 US	C/O JAD & COMPANY P.A. 3400 CORAL WAY 6TH FLOOR MIAMI FL 33145 US

3. Date Incorporated or Qualified	10/21/1987
3a. Date of Last Report	05/01/1995
4. FEI Number	65-0017884 ☐ 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

	2. Principal Place of Business		2a. Mailing Address
21	540 N.W. 28TH STREET	26	
22	Suite, Apt #, etc	27	Suite, Apt #, etc.
23	City & State: MIAMI, FLORIDA	28	City & State
24	Zip: 33127	29	Zip
25	Country: DADE	30	Country

9. Name and Address of Current Registered Agent

DIAZ, JORGE ANDRES
3400 CORAL WAY
SUITE 601
MIAMI FL 33145

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 ______ Signature, typed or printed name 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**

12.		DELETE	13.	
TITLE	PD	☐	1.1 TITLE	☒ Change ☐ Addition
NAME	MENDEZ, RAUL		1.2 NAME	
STREET ADDRESS	~~1001 BRICKELL AVE PH 10B~~ →		1.3 STREET ADDRESS	1865 BRICKELL AVENUE, UNIT 2013
CITY-ST-ZIP	~~MIAMI FL 33129~~ →		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	VD	☐	2.1 TITLE	☒ Change ☐ Addition
NAME	MENDEZ, RAUL D.		2.2 NAME	
STREET ADDRESS	~~1001 BRICKELL AVE B-702~~ →		2.3 STREET ADDRESS	42 SOUTHWEST 31ST ROAD
CITY-ST-ZIP	~~MIAMI FL 33129~~ →		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	SD	☐	3.1 TITLE	☐ Change ☐ Addition
NAME	DIAZ, JORGE ANDRES		3.2 NAME	
STREET ADDRESS	3400 CORAL WAY, STE 601		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐	4.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, ALEJANDRO F		4.2 NAME	
STREET ADDRESS	3601 S.W. 58TH COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		4.4 CITY-ST-ZIP	
TITLE	TD	☐	5.1 TITLE	☒ Change ☐ Addition
NAME	MENDEZ, MELBIS		5.2 NAME	
STREET ADDRESS	~~1001 BRICKELL AVE. #PH 10B~~ →		5.3 STREET ADDRESS	1865 BRICKELL AVENUE, UNIT 2013
CITY-ST-ZIP	~~MIAMI FL 33129~~ →		5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE		☐	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 stated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] / OFFICER — 08-06-96 — (305) 573-8238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)