

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000001955 (2)**

1. Corporation Name

**BAGET MAYANGO, INC.**



Principal Place of Business

**12580 NE 1ST COURT  
N. MIAMI FL 33161**

Mailing Address

**12580 NE 1ST COURT  
N. MIAMI FL 33161**

3. Date Incorporated or Qualified

**04/17/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JULES, PIERRE A  
12580 NE 1ST COURT  
N. MIAMI FL 33161**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☐ DELETE

NAME **DOUZE, HENRI-CLAUDE**  
STREET ADDRESS **13377 W. DIXIE HWY.**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **D** ☐ DELETE

NAME **JULES, PIERRE A**  
STREET ADDRESS **12580 NE 1ST COURT**  
CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE **D** ☐ DELETE

NAME **DENIS JAN MAPOU, JEAN-MARIE**  
STREET ADDRESS **310 NE 97 ST.**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **D** ☒ DELETE

NAME **JEAN, FREANER**  
STREET ADDRESS **830 NE 139 ST.**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**JEAN,**

**JEAN, FRESNER  
830 NE 139 ST.  
MIAMI, FL. 33167**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Pierre Antoine Jules*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-20-96**

Date

Daytime Phone #

CR2E037 (12/95)