


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000006980 (6)  
1. Corporation Name  
LA SOUPIERE INC.

Principal Place of Business 30360 OLD DIXIE HWY HOMESTEAD FL 33033 US	Mailing Address 30360 OLD DIXIE HWY HOMESTEAD FL 33033 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/23/1992	
				4. FEI Number 65-0373766	
				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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BREWER, LORA 424 NW 19TH STREET HOMESTEAD FL 33030				10. Name and Address of New Registered Agent 81 Name Laura Katherine Watson 82 Street Address (P.O. Box Number is Not Acceptable) 30360 Old Dixie Hwy. 83 Homestead, FL 33033 84 City FL 85 Zip Code			
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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 Laura K. Watson DATE 3/31/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREWER, LORA		1.2 NAME	Laura Katherine Watson			
STREET ADDRESS	424 NW 19 ST.		1.3 STREET ADDRESS	30360 Old Dixie Hwy.			
CITY-ST-ZIP	HOMESTEAD FL 33030		1.4 CITY-ST-ZIP	Homestead, FL 33033			
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREWER, JAMES R JR		2.2 NAME	Phyllis Gray Kharouf			
STREET ADDRESS	424 NW 19TH ST.		2.3 STREET ADDRESS	30360 Old Dixie Hwy.			
CITY-ST-ZIP	HOMESTEAD FL 33030		2.4 CITY-ST-ZIP	Homestead, FL 33033			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME	Laura Katherine Watson			
STREET ADDRESS			3.3 STREET ADDRESS	30360 Old Dixie Hwy.			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Homestead, FL 33033			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME	Phyllis Gray Kharouf			
STREET ADDRESS			4.3 STREET ADDRESS	30360 Old Dixie Hwy.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Homestead, FL 33033			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing 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 on an attachment with no address.

SIGNATURE: Laura K. Watson 3/31/98 246-1633

CR2E034 (10/97)