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PROFIT CORPORATION ANNUAL REPORT

1997

Principa! Place of Business

CITY-ST-ZIP

SIGNATURE:

I am an officer or director of the corporation or the receiver or trustee emplappears in Block 12 or Block 13 if changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF



ELORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

(96/6)

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062490 (6)

HORS D'OEUVRES ETC., INC.

2745 MEADOWLARK LN 2745 MEADOWLARK LN WEST PALM BEACH FL 33409-2020 WEST PALM BEACH FL 33409 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1993 04/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0437126 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 🗶 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PORCHER, FRANCK Bi Name 2745 MEADOWLARK LN **B2** Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33409** 83 84 City 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent of an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signative: Typical or printed name of region and agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 7 TITLE Change Addition PORCHER, FRANCK NAME 1.2 NAME 2745 MEADOWLARK LN STREET ADORESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIE 1.4 CITY - ST - ZIP DELETE Change TITLE Addition 21 TITLE PORCHER, MOISETTE A NAME 2.2 NAME 2745 MEADOWLARK LN STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C/TY - ST - Z/P 5.4 City - ST- ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 pirector of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name

ING OFFICER OR DIRECTOR