

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

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000025092					
1. Corporation Name DEUX AMIS RESATAURANT					
Principal Place of Business 14912 WEST DIXIE H/WY MIAMI, FL. 33181			Mailing Address		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/94	3a. Date of Last Report 03/15/96
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0484162	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AUGUSTE, EMILE 9528 NW 2ND CT MIAMI, FL. 33150			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
FL					
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: _____ (NOTE: Registered Agent Signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	AUGUSTE, EMILE				
STREET ADDRESS	9528 NW 2ND CT				
CITY-ST-ZIP	MIAMI FL. 33150				
TITLE	STD	☐ DELETE			
NAME	AUGUSTE, LAMERCIE				
STREET ADDRESS	9528 NW 2ND CT				
CITY-ST-ZIP	MIAMI, FL. 33150				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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		☐ Change ☐ Addition			
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP		☐ Change ☐ Addition			
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		☐ Change ☐ Addition			
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP		☐ Change ☐ Addition			
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		☐ Change ☐ Addition			
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
7000002134397					
-04/04/97--01113--031					
***173.75					
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. 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: _____

3/10/97

CR2E034 (9/96)