FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000048656 (0)**

1. Corporation Name

INTERNATIONAL HAUTE CUISINE, INC.

Principal Place of Business	Mailing Address
~~790 E. BROWARD BLVD. STE. 302~~ ~~FORT LAUDERDALE FL 33301~~	~~790 E. BROWARD BLVD. STE. 302~~ ~~FORT LAUDERDALE FL 33301~~

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business	2a. Mailing Address
21 1004 22nd Avenue West	26 c/o Acctg.& Business Consltns.
22 Suite, Apt. #, etc.	27 790 E. Broward Blvd., #302
23 City & State: Palmetto, Fl	28 City & State: Ft. Lauderdale, Fl
24 Zip: 34221 25 Country: USA	29 Zip: 33301 30 Country: USA

4. FEI Number: 65-0501906 ☐ 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

9. Name and Address of Current Registered Agent

~~FEINERMAN, STANLEY S~~
~~790 E. BROWARD BLVD. STE. 302~~
~~FORT LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name: McClure, Eileen G.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1004 22nd Ave. West
84 City: Palmetto, **FL** 85 Zip Code: 34221

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: ✓ Eileen Gail McClure — 3/1/96
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	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCLURE, EILEEN G		1.2 NAME	
STREET ADDRESS	1004 22ND AVENUE WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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

SIGNATURE: ✓ Eileen Gail McClure — 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #