SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000048968 (9)**

1. Corporation Name

LA TARTE TROPEZIENNE, INC.

Principal Place of Business
5770 SW 55 ST
MIAMI FL 33155

Mailing Address
5770 SW 55 ST
MIAMI FL 33155

3. Date Incorporated or Qualified: **06/27/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0521342** 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

TEMEME, ROBERT
5770 SW 55 ST
MIAMI FL 33155

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 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 _____ 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	PD	☐ DELETE
NAME	MUYAL, JACQUES	
STREET ADDRESS	5770 SW 55 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	DUFRENE, ALBERT	
STREET ADDRESS	5770 SW 55 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	TEMEME, ROBERT	
STREET ADDRESS	5770 SW 55 ST	
CITY-ST-ZIP	MIAMI FL	
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	PD	☐ Change ☐ Addition
1.2 NAME	MUYAL, JACQUES	
1.3 STREET ADDRESS	5770 SW 55 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	S	☐ Change ☐ Addition
2.2 NAME	TEMEME, ROBERT	
2.3 STREET ADDRESS	5770 SW 55 ST	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	DT	☐ Change ☐ Addition
3.2 NAME	DUFRENE, ALBERT	
3.3 STREET ADDRESS	5770 SW 55 ST.	
3.4 CITY-ST-ZIP	MIAMI, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: ROBERT TEMEME, Secretary (305/663 0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
7/26/96

CR2E034 (3/96)