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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division of Corporations

POCUMENT # P94000048968 (9)

LA TARTE TROPEZIENNE, INC.

Principal Place of Business

Mailing Address

## FILED May 07 1998 8:00am Secretary of State



5770 SW 55 ST 5770 SW 55 ST MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1994 2. Principal Place of Business 4. FF | Number 2a. Mailing Address Applied For YO JURIG CONSULTANTS, IN 26 YO JURIS - CONSULT ANTS, INC 65-0521342 Not Applicable Suite, Apt. #, otc. \$8.75 Additional stro sw ss st. 5. Certificate of Status Desired W2 of T? Fee Required City & State > 6. Election Campaign Financing \$5.00 May Be FLORIDA MIANI MIAMI Trust Fund Contribution Added to Fees 23 Country Country Zip This corporation owes or has paid the current year Intangible 33155 33155 Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TEMEME, ROBERT 5770 SW 55 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition TITLE 1.1 THUE MUYAL, JACQUES NAME 1.2 NAME 5770 SW 55 ST STREET ADDRESS 13 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TIFLE TITLE TEMEME, ROBERT MALAF 2.2 NAME 5770-9W 55 ST STREET ADORESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CHY- S1-7P DELETE Change Addition 31 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-2IP DELFTE Addition 4.1 THEF TIT) E 4. 2 NAME MALA STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP ☐ DELETE Change Addition 5 1 TITLE TITLE 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CHY-ST-ZIP 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 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 supplied 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:

MuyAL V20

4/27/98 (305) 6630462