

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000066289 (7)**

1. Corporation Name

**LA BAGUETTE FRENCH BAKERY AND CAFE I, INC.**



Principal Place of Business

13274 BISCAYNE BLVD.  
MIAMI FL 33181-2015

Main Office

13274 BISCAYNE BLVD.  
MIAMI FL 33181-2015

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip County

24 Zip 25

2a. Main Address

26 State, Apt. #, etc.

27 City & State

28 Zip County

29 Zip 30

9. Name and Address of Current Registered Agent

**TRALINS, MYLES J  
C/O TRALINS & ASSOCIATES  
2 S. BISCAYNE BLVD., SUITE 3310  
MIAMI FL 33131**

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 607.02(1)(a) and 607.02(1)(b), 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 I accept the obligations of Section 607.02(1)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETED
NAME	<b>HEMERY, PHILIPPE</b>	
STREET ADDRESS	<b>C/O 13274 BISCAYNE BLVD.</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33181-2015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETED
NAME	<b>HEMERY, JUDY</b>	
STREET ADDRESS	<b>C/O 13274 BISCAYNE BLVD.</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33181-2015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETED
NAME	<b>BERCOT, DIDIER</b>	
STREET ADDRESS	<b>C/O 13274 BISCAYNE BLVD.</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33181-2015</b>	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

14. TITLE		
15. NAME		
16. STREET ADDRESS		
17. CITY-STATE-ZIP		
18. TITLE		
19. NAME		
20. STREET ADDRESS		
21. CITY-STATE-ZIP		
22. TITLE		
23. NAME		
24. STREET ADDRESS		
25. CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change	<input type="checkbox"/> Add/Ret
<input type="checkbox"/> Change	<input type="checkbox"/> Add/Ret
<input type="checkbox"/> Change	<input type="checkbox"/> Add/Ret
<input type="checkbox"/> Change	<input type="checkbox"/> Add/Ret
<input type="checkbox"/> Change	<input type="checkbox"/> Add/Ret

SIGNATURE:

*Judy Hemery*

Judy Hemery- Treas./Sec. 4-08-96

305-893-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)