

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

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**Mar 03 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 # P94000066289 (7)**

1. Corporation Name  
**LA BAGUETTE FRENCH BAKERY AND CAFE I, INC.**



Principal Place of Business Mailing Address  
**13274 BISCAYNE BLVD.  
MIAMI FL 33181-2015**

3. Date Incorporated or Qualified **09/09/1994** 3a. Date of Last Report **04/19/1996**

21. Principal Place of Business	22a. Mailing Address	4. FEI Number <b>65-0552348</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEMERY, PHILIPPE</b>	1.2 NAME	
STREET ADDRESS	<b>C/O 13274 BISCAYNE BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33181-2015</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEMERY, JUDY</b>	2.2 NAME	
STREET ADDRESS	<b>C/O 13274 BISCAYNE BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33181-2015</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERCOT, DIDIER</b>	3.2 NAME	
STREET ADDRESS	<b>C/O 13274 BISCAYNE BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33181-2015</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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; 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: *Judy Hemery* February 10, 1997 305-893-3336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)