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 # **P94000085296 (9)**

1. Corporation Name

MAISON DE LA PATISSERIE, INC.

Principal Place of Business	Mailing Address
888 S.E. THIRD AVE. **SUITE 400** **FT. LAUDERDALE FL 33316**	**888 S.E. THIRD AVE.** **SUITE 400** **FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **11/22/1994**

3a. Date of Last Report: **08/22/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **APPLIED FOR** 65-0599342 ☐ 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	10. Name and Address of New Registered Agent
BEHAR, LARRY J P.A. **888 S.E. THIRD AVE.** **SUITE 400** **FT. LAUDERDALE FL 33316**	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 _____ DATE _____
Signature, type or printed name of Registered Agent, and title, if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**P** **ANEZ, LUIS F** **999 PONCE DE LEON BLVD. #1015** **CORAL GABLES FL 33134**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P SOCORRO ANEZ, LUIS F 888 S.E. THIRD AVE. SUITE 400 FT. LAUDERDALE FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VP** **GONZALEZ, LUIS F** **999 PONCE DE LEON BLVD. #1015** **CORAL GABLES FL 33134**	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP SOCORRO GONZALEZ, LUIS F 888 S.E. THIRD AVE. SUITE 400 FT. LAUDERDALE FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**S** **GONZALEZ, SOFIA S** **999 PONCE DE LEON BLVD. #1015** **CORAL GABLES FL 33134**	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S SOCORRO GONZALEZ, SOFIA S 888 S.E. THIRD AVE. SUITE 400 FT. LAUDERDALE FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**T** **GONZALEZ, RICARDO S** **999 PONCE DE LEON BLVD. #1015** **CORAL GABLES FL 33134**	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T SOCORRO GONZALEZ, RICARDO S 888 S.E. THIRD AVE. SUITE 400 FT. LAUDERDALE FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**AS** **BEHAR, LARRY** **888 S.E. THIRD AVE. STE. 400** **FT. LAUDERDALE FL 33316**	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AS BEHAR, LARRY J 888 S.E. THIRD AVE. Suite 400 FT. LAUDERDALE FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**AS** **BEHAR, LARRY J** **888 S.E. THIRD AVE. STE. 400** **FT. LAUDERDALE FL 33316**	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001845052 -05/30/96--01094--038 ***200.00	☐ Change ☐ Addition

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: Luis F. Socorro Gonzalez VP 04/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/1/96