

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 165.12

PROFIT  
CORPORATION  
ANNUAL REPORT

1997



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

APPROVED  
AND  
FILED

1997 MAY -2 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000666 (4)

1. Corporation Name

LA TROPEZIENNE BAKERY, INC.



Principal Place of Business

Mailing Address

% JURIS-CONSULTANTS, INC.  
5770 S.W. 55 STREET  
MIAMI FL 33155

% JURIS-CONSULTANTS, INC.  
5770 S.W. 55 STREET  
MIAMI FL 33155

3. Date Incorporated or Qualified

01/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 15990 NW 49th AVE

26 15990 NW 49th AVE

4. FEI Number

65-0543677

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25 33014

USA

29 33014

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEMEME, ROBERT  
5770 S.W. 5TH STREET  
MIAMI FL 33155

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE

NAME TEMEME, ROBERT  
STREET ADDRESS 5770 S.W. 55TH STREET  
CITY-ST-ZIP MIAMI FL 33155

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☒ DELETE

NAME DUFRENE, ALBERT  
STREET ADDRESS 5770 S.W. 55TH STREET  
CITY-ST-ZIP MIAMI FL 33155

2.1 TITLE ☐ Change ☐ Addition

TITLE CPD ☐ DELETE

NAME MUJAL, JACQUES  
STREET ADDRESS 5770 S.W. 55TH STREET  
CITY-ST-ZIP MIAMI FL 33155

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

900002178349--4  
-05/14/97--01076-027  
\*\*\*\*165.00 \*\*\*\*165.00

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SCC 5-2-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. TEMEME Secretary

4/21/97

Daytime Phone #

(305)

663 04 62

CR2E034 (12/95)