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 # **P95000008860 (5)**

1. Corporation Name
LA PETITE DE MELE, INC.

Principal Place of Business
544 NORTH MIAMI AVENUE
MIAMI FL 33136

Mailing Address
544 NORTH MIAMI AVENUE
MIAMI FL 33136

3. Date Incorporated or Qualified: **02/02/1995**

3a. Date of Last Report:

4. FEI Number: **65-0555423** ☐ 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

2. Principal Place of Business
21 MIAMI FL.
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL.
Zip 24 33136 County 25 DADE

2a. Mailing Address
26 544 N. MIAMI AVE
Suite, Apt. # etc.
27
City & State
28 MIAMI FL.
Zip 29 33136 Country 30 DADE

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: HYLTON GORDON
82 Street Address (P.O. Box Number is Not Acceptable): 18001 N.W. 8TH AVE
83
84 City: MIAMI FL 85 Zip Code: 33169

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 _____

OFFICERS AND DIRECTORS

12.
TITLE P
NAME CHARLEUS, ORNELIA D
STREET ADDRESS 544 NORTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33136 ☐ DELETE

TITLE V.P. Buy-B. CHARLEUS
NAME
STREET ADDRESS 544 N. MIAMI AVE
CITY-ST-ZIP MIAMI FL. 33136 ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 added or altered hereunder with an address.

SIGNATURE: ORNELIA D. CHARLEUS 04-15-96 (305) 371-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)

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