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Mailing Address

21 ROYAL PALM BLVD

VERO BEACH FL 32960

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029869 (1)

21 ROYAL PALM BLVD

VERO BEACH FL 32980

CAFE DU SOIR, INC.

Principal Place of Business

21 ROYAL PALM BLVD

VERO BEACH FL 32960

3. Date Incorporated or Qualified 04/17/1995 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 59-3315605 Not Applicable 21 26 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes □ Ño Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MARTIN, YANNICK J 21 ROYAL PALM BLVD 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 84 City 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE MARTIN, YANNICK J NAME 1.2 NAME 21 ROYAL PALM BLVD STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32960 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MARTIN, VALERIE J 2.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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3 4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 THILE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

DELETE

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6.4 CITY - ST - ZIP 14. Thereby 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 of 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 chapped, or on an attachment with an address

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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FILED

Apr 15 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Change

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