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 # **P95000037315 (5)**

1. Corporation Name

FRENCH CREPE AND CATERING INC.

Principal Place of Business	Mailing Address
15245 S.W. 108 TERR. MIAMI FL 33196	15245 S.W. 108 TERR. MIAMI FL 33196

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report: 05-08-1995

2. Principal Place of Business	21	19701 SW 114 Ave	
	22	Apt 363	Suite, Apt. #, etc.
	23	MIAMI FL	City & State
	24	33157	Zip
	25	U.SA	Country
2a. Mailing Address	26	19701 SW 114 Ave	
	27	Apt 363	Suite, Apt. #, etc.
	28	MIAMI FL 33157	City & State
	29	33157	Zip
	30	U.SA	Country

4. FEI Number: 65-0577247 ☐ 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

HANNA, ANGELA
15245 S.W. 108 TERR.
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: ABRAHAM, LILIAN
82 Street Address (P.O. Box Number is Not Acceptable): 19701 SW 114 Ave
83: Apt 363
84 City: MIAMI FL 85 Zip Code: 33157

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: VSD Lilian Abraham 3/2/96
Signature, typed or printed name of Registered Agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MEHANA, ATIF 19701 S.W. 114 AVE., APT 363 MIAMI FL 33157	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VSD ABRAHAM LILIAN 19701 SW 114 Ave #363 MIAMI FL 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HANNA, HOMER 15245 S.W. 108 TERR. MIAMI FL 33196	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400001736574 -03/08/96--01010--016 ***208.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ 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: 01-29-96 (253-47-47)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ATIF F MEHANA (305) 371-74-94