SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000070804 (6)**

1. Corporation Name
LA PETITE BAKERIE CORP.

Principal Place of Business	Mailing Address
4555 NORTHWEST 99TH AVENUE SUITE 305 MIAMI FL 33178	4555 NORTHWEST 99TH AVENUE SUITE 305 MIAMI FL 33178

3. Date Incorporated or Qualified: 09/13/1995
3a. Date of Last Report: NOT OPEN YET

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)
NOT OPEN YET

4. FEI Number: 65-0629719 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: TOMMY "THOMAS" Rion HART
82 Street Address (P.O. Box Number is Not Acceptable): 4555 NW 99TH AVE
83 #305
84 City: MIAMI FL 85 Zip Code: 33178

11. Pursuant to the provisions of ss. 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: TOMMY "THOMAS" Rion HART DATE: 8/1/96
Signature of the officer or director authorizing registered agent change (if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HART, THOMAS R		12 NAME		
STREET ADDRESS	4555 NORTHWEST 99TH AVENUE, SUITE 305		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		14 CITY-ST-ZIP		
TITLE	VSD	☒ DELETE	21 TITLE	VP	☒ Change ☐ Addition
NAME	PARR, DIANA A		22 NAME	PARR, DIANA	
STREET ADDRESS	4555 NORTHWEST 99TH AVENUE, SUITE 305		23 STREET ADDRESS	3303 NW 47TH AVE #105	
CITY-ST-ZIP	MIAMI FL 33178		24 CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TOMMY "THOMAS" Rion HART 08/01/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(305) 718-9696
Daytime Phone Number

CR2E034 (3/96)