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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000093303 (2)

1. Corporation Name

LA COUPOLE RESTAURANTS, INC.

Principal Place of Business  
1630 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address  
1630 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134-0012

8. Date Incorporated or Qualified  
12/07/1995

9a. Date of Last Report  
02/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
65-0635585

Applied For  
Not Applicable

6. 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

MACAMBIRA, LUIZ F  
1630 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD  
MACAMBIRA, LUIZ F  
141 N.E. 3RD AVENUE SUITE 303  
MIAMI FL 33132

TITLE ☒ DELETE

NAME  
VD  
VALLE, ELIE  
18 AV. DES GRANDS PINS  
13010 MARSEILLE, FRANCE

TITLE ☒ DELETE

NAME  
SD  
PUJOL, FLORENCE  
1801 N.E. 140TH ST. #111  
MIAMI FL 33187

TITLE ☐ DELETE

NAME  
VP  
IOULI GOLOCHTCHAPOV  
300 71ST ST. SUITE 405  
MIAMI BEACH, FL 33141

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby 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 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, changed, or on an attachment with an address

SIGNATURE:

LUIZ MACAMBIRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 97 4450481

Date

Daytime Phone #

CR2E034 (9/96)