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Apr 25 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 # P96000010260 (3)

1. Corporation Name
MEDITERRANEE BOUILLABASSE CO.



Principal Place of Business
150 OCEAN LANE DRIVE, SUITE 2H
KEY BISCAYNE FL 33149-1416

Mailing Address
150 OCEAN LANE DRIVE, SUITE 2H
KEY BISCAYNE FL 33149-1416

3. Date Incorporated or Qualified
02/01/1996

3a. Date of Last Report
New Corp.

2. Principal Place of Business
21 177 Ocean Lane DR.

2a. Mailing Address
26 3191 Coral Way

Suite, Apt. #, etc.
22 502

Suite, Apt. #, etc.
27 Suite 115-105

City & State
23 Key Biscayne FL.

City & State
28 Miami FL.

Zip
24 33149-1416

Country
25 USA

Zip
29 33145

Country
30 USA

4. FEI Number
65-0638162

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
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
SUZANNE CHAUVE
82 Street Address (P.O. Box Number is Not Acceptable)
177 Ocean Lane DR. Suite 502
83
84 City Key Biscayne FL
85 Zip Code 33149

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's signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CHAUVE, LIONEL	
STREET ADDRESS	150 OCEAN LANE DRIVE, SUITE 2H	
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1416	
TITLE	V	DELETE
NAME	CHAUVE, DARLYNE	
STREET ADDRESS	150 OCEAN LANE DRIVE, SUITE 2H	
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1416	
TITLE	V	DELETE
NAME	CHAUVE, KETSIA	
STREET ADDRESS	150 OCEAN LANE DRIVE, SUITE 2H	
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1416	
TITLE	V	DELETE
NAME	CHAUVE, KARYN	
STREET ADDRESS	150 OCEAN LANE DRIVE, SUITE 2H	
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1416	
TITLE	ST	DELETE
NAME	CHAUVE, SUZANNE	
STREET ADDRESS	150 OCEAN LANE DRIVE, SUITE 2H	
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1416	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME	CHAUVE DARLYNE	President
2.3 STREET ADDRESS	177 Ocean Lane Dr. #502	
2.4 CITY-ST-ZIP	Key Biscayne FL 33149	
3.1 TITLE	Change	Addition
3.2 NAME	CHAUVE KETSIA	
3.3 STREET ADDRESS	177 Ocean Lane DR. #502	
3.4 CITY-ST-ZIP	Key Biscayne FL 33149-1416	
4.1 TITLE	Change	Addition
4.2 NAME	CHAUVE KARYN	
4.3 STREET ADDRESS	177 Ocean Lane DR. #502	
4.4 CITY-ST-ZIP	Key Biscayne FL 33149-1416	
5.1 TITLE	Change	Addition
5.2 NAME	CHAUVE Suzanne	
5.3 STREET ADDRESS	177 Ocean Lane DR. #502	
5.4 CITY-ST-ZIP	Key Biscayne FL 33149-1416	
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 if changed, or on an attachment with an address.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)
DATE

CR2E034 (9/96)