


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 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 177 OCEAN LANE DR 502 KEY BISCAYNE FL 33149-1416 US		Mailing Address 3191 CORAL WAY SUITE 115-105 MIAMI FL 33145 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent CHAUVE, SUZANNE 177 OCEAN LANE DR SUITE 502 KEY BISCAYNE FL 33169		10. Name and Address of New Registered Agent 81 Name THOMAS PARKER 82 Street Address (P.O. Box Number is Not Acceptable) 40 FOWLER WHITE et al. 83 100 SE 2 <sup>nd</sup> St., 17 <sup>th</sup> FL 84 City MIAMI FL 85 Zip Code 33131	
11. Pursuant to the provisions of Sections 607.0602 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 <i>[Signature]</i> DATE 4/20/98			
12. OFFICERS AND DIRECTORS TITLE P NAME CHAUVE, DARLYNE STREET ADDRESS 177 OCEAN LANE DR #502 CITY-ST-ZIP KEY BISCAYNE FL TITLE V NAME CHAUVE, KETIA STREET ADDRESS 177 OCEAN LANE DR #502 CITY-ST-ZIP KEY BISCAYNE FL TITLE V NAME CHAUVE, KARYN STREET ADDRESS 177 OCEAN LANE DR #502 CITY-ST-ZIP KEY BISCAYNE FL TITLE ST NAME CHAUVE, SUZANNE STREET ADDRESS 177 OCEAN LANE DR #502 CITY-ST-ZIP KEY BISCAYNE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1996	
4. FEI Number 65-0638162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I 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]*

3/1/98 35-372-9095

CR2E034 (10/97)