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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039779 (9)
 1. Corporation Name
THE CREPE ON A STICK COMPANY

Principal Place of Business 7512 DR. PHILLIPS BLVD. #50-338 ORLANDO FL 32819	Mailing Address 7512 DR. PHILLIPS BLVD. #50-338 ORLANDO FL 32819-5100
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2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country <div style="border: 1px solid black; padding: 2px;">24</div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country <div style="border: 1px solid black; padding: 2px;">30</div>
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9. Name and Address of Current Registered Agent

DASILVA, MARCOS R 7512 DR. PHILLIPS BLVD. #50-338 ORLANDO FL 32819	<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation, agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required)
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13.	
TITLE	D DASILVA, MARCOS R <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	3256 OWASSA COURT	1.2 NAME	
STREET ADDRESS	KISSIMMEE FL 34748	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SLON-DASILVA, MONICA	2.2 NAME	
STREET ADDRESS	3256 OWASSA COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	KISSIMMEE FL 34748	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation, the receiver or trustee empowered to execute this report or appears in Block 12 or Block 13 if that officer or director is on an attachment with an address.

SIGNATURE: _____ **MARCOS R. DASILVA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR