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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P96000075896**
1. Corporation Name
CROISSANTS AND BAGUETTES, INC

Principal Place of Business Mailing Address
8031 SW 196 Terrace MIAMI, FL 33189 **8031 SW 196 Terrace MIAMI, FL 33189**

2. Principal Place of Business 21 11730 Biscayne Blvd Suite, Apt. #, etc. 22 A City & State 23 MIAMI FLORIDA Zip 24 33181	2a. Mailing Address 26 10295 Collins Ave Suite, Apt. #, etc. 27 Suite 520N City & State 28 MIAMI FLORIDA Zip 29 33154	3. Date Incorporated or Qualified 09/10/1996	3a. Date of Last Report	4. FEI Number 65-0694110	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MALFROY, LYLIANE BOURRE 10295 Collins Ave, Suite 520N MIAMI, FL 33154		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box or Florida Statewide Mailing Address) 8000000070846--9 -08/19/97--01020--013 83 ****165.00 ****165.00 84 City FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Lyliane Bourre MALFROY
STREET ADDRESS		1.3 STREET ADDRESS	10295 Collins Ave, Suite 520N
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33154
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ERIC MALFROY
STREET ADDRESS		2.3 STREET ADDRESS	10295 Collins Ave, Suite 520
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33154
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JEAN-CLAUDE MALFROY
STREET ADDRESS		3.3 STREET ADDRESS	550 Routes des Vespins
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Saint Laurent du VAR, 06150 FRANCE
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Lyliane Bourre MALFROY** *[Signature]* **08/12/97** **305-559-4541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)