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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Morcham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #P

Bistrot

Principal Place of Business

Mailing Address

7832 Collins Ave Suite 501

Miami Beach, Fl 33139			
		3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business 1 429 ESPANOIS Way. 26		4. FEI Number 65 • 0715563	Applied For Not Applicable
Suite, Apt. #, etc. Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 Migmi Beach, FL 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33 139 Country 21p Country 22p 330	ountry	Fiorida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		gent	
orsoni Stephane A	81 Name		
Orsoni Stephane A 7832 Collins Ave #501 82 Street Addr		iress (P.O. Box Number is Not Acceptable)	
Miami Beach, FL 33139	83		
}	84 City	FL	85 Zip Code
Busy and to the provisions of Soctions 607 0502 and 607 1509 Florida Statutos, the	above parend core	poration cultimite this statement for the purpose of a	handing its registered

authorized by the corporation's board of directors. Thereby accept the appointment as registered

SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 C(1Y - \$1 - 7)P CITY-ST-ZIP Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP __ DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREE ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 41 11116 Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6 1 TITLE Addition TITLE NAME 6.2 NAME -09/25/97--01111 6.3 STREET ADDRESS STREET ADDRESS ***550.00 6.4 CITY - ST - ZIP 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

FILED

Sep 24 1997 8:00am

Secretary of State