PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 11 1998 8:00am

Secretary of State

DOCUMENT # P97000021695 (6)

CAFE D'ORSAY, INC.

| 0/11 2 0 | | | -100 | |
|---|---|---|--------------------------------------|---|
| Principal Place of Business Mailing Address | | Mailing Address | | i idaitast eid tätti idatis aasit datit adin aana tekat eiden asiat asis saat |
| 307 EAST ATLANTIC AVENUE 307 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 | | | JE | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified |
| | | | | 03/10/1997 |
| H ' | ace of Business | 2a. Mailing Address | | 4. FEI Number 65 - 07 32 412 Applied For Not Applied For |
| 21 Cuito Ant | # ata | 26 Suite, Apt. #, etc. | | \$9.75 Additional |
| Suite, Apt. | w, etc. | 27 | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 30 | 0 | Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curren | t Registered Agent | | 10, Name and Address of New Registered Agent |
| 101 | NDEEN, JOY S | | 81 Name | LUNDEEN, JOY Spillis |
| | | | | Address (P.O. Box Number is Not Acceptable) |
| | WEST_ELAGLER STREET | •) | (- silvani | MUSEUM TOWER |
| MIAMIBEACH FL 33130 | | | 83 | O WEST FLAGLER STREET |
| , | | / | 15 84 City | A. A |
| | | • | City | MIAMI FL SSISO |
| 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 | | | | |
| office or re | e gister ed agent, or both, in the State m fam iliar with, and accept the obliga | iot Florida. Such change was aut ations of, Section 607.0505, Florid | inorized by the corp da Statutes. | poration's board of directors. I hereby accept the appointment as registered |
| | | , | | |
| SIGNATURE | Signature, typed or printed name of registered ago | nt and title if applicable. (NOTE: F | Registered Agent signature | e required when reinstating) DATE |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PSD | ☐ DELETE | 1.1 TITLE | P.S.T.D. Claude Change Addition |
| NAME] | PARACHINI, JEAN-CLAUDE | | 1.2 NAME | PARACHINI JECTI-CLUCIO |
| STREET ADDRESS | 10567 ACME ROAD | | 1.3 STREET ADDRESS | P.S.T.D. PARACHINI, Jean-Claude 307 EAST ATLANTIC AVENUE DELRAY BEACH, FLORIDA, 33483 |
| CITY-ST-ZIP | WEST PALM BEACH FL 3341 | | 1.4 CITY - ST - ZIP | DELKAY DETICAL, |
| TATLE | VT | DELETE) | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PATEAU, PHILIPPE | | 2.2 NAME | |
| STREET ADDRESS | 10567 ACME ROAD | _ | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 3341 | | 2.4 CITY-ST-ZIP | Character III Addition |
| TITLE | | ☐ DELE t e | 3.1 TITLE | Change Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | Dec exe | 3.4. CITY-ST-ZIP | Change Addition |
| TITLE | | L. DELETE | 4.1 TITLE | |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | DOUTE | 4.4 CITY - ST - ZIP | Change Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | Citalige C Adultion |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | Del 676 | 5.4 CITY-ST-ZIP | Change Addition |
| TITLE | | DELETE | 6.1 TITLE | C Cuante |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |

14. Thereby 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 chapter or on an attachment with an address.