

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

FILED

**Feb 18 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 # S47818 (7)
1. Corporation Name
MADAME GOUGOUSSE FOODS CORP.



Principal Place of Business 7340 N.W. 35TH AVENUE MIAMI FL 33147 US	Mailing Address 7340 N.W. 35TH AVENUE MIAMI FL 33147-5808 US
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3. Date Incorporated or Qualified 04/24/1991	3a. Date of Last Report 04/24/1996
4. FEI Number NOT APPLICABLE	Applied For 65-0456267 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**GUIXENS, MAYRA C
7340 NW 35 AVENUE
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GUIXENS, JUAN J JR.
STREET ADDRESS	7340 N.W. 35TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	VD <input type="checkbox"/> DELETE
NAME	GUIXENS, JUAN J SR
STREET ADDRESS	7340 N.W. 35TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	SD <input type="checkbox"/> DELETE
NAME	GUIXENS, MAYRA C
STREET ADDRESS	7340 N.W. 35TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	TD <input type="checkbox"/> DELETE
NAME	GUIXENS, MANUEL J.
STREET ADDRESS	7340 N.W. 35TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	D <input type="checkbox"/> DELETE
NAME	GUIXENS, ROSA C.
STREET ADDRESS	7340 N.W. 35TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	D <input type="checkbox"/> DELETE
NAME	GUIXENS, CHRISTINA L.
STREET ADDRESS	7340 N.W. 35TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* **REQUIRED** Date: **2-14-97** Daytime Phone #: **694-1230**

CR2E034 (9/96)