


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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90032 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S47818**

1. Corporation Name  
**MADAME GOUGOUSSE FOODS CORP.**



Principal Place of Business	Mailing Address
██████████ 5800 NW 32 <sup>ND</sup> COURT ██████████ MIAMI, FL 33142 US	██████████ 5800 NW 32 <sup>ND</sup> COURT ██████████ MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5800 NW 32 <sup>ND</sup> COURT	26	5800 NW 32 <sup>ND</sup> COURT	04/24/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0456167	
City & State		City & State		Applied For	
23 MIAMI, FL		28 MIAMI, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33142		29 33142		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 US		30 US		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
GUIXENS, JUAN J J ██████████ 5800 NW 32 <sup>ND</sup> COURT ██████████ MIAMI, FL 33142		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIXENS, JUAN J JR.	1.2 NAME	
STREET ADDRESS	██████████ 5800 NW 32 <sup>ND</sup> COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	██████████ MIAMI, FL 33142	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIXENS, JUAN J SR	2.2 NAME	
STREET ADDRESS	██████████ 5800 NW 32 <sup>ND</sup> COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	██████████ MIAMI, FL 33142	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIXENS, MAYRA C	3.2 NAME	
STREET ADDRESS	██████████ 5800 NW 32 <sup>ND</sup> COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	██████████ MIAMI, FL 33142	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIXENS, MANUEL J.	4.2 NAME	
STREET ADDRESS	██████████ 5800 NW 32 <sup>ND</sup> COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	██████████ MIAMI, FL 33142	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIXENS, ROSA C.	5.2 NAME	
STREET ADDRESS	██████████ 5800 NW 32 <sup>ND</sup> COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	██████████ MIAMI, FL 33142	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIXENS, CHRISTINA L.	6.2 NAME	
STREET ADDRESS	██████████ 5800 NW 32 <sup>ND</sup> COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	██████████ MIAMI, FL 33142	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2/9/99 DAYTIME PHONE #: (305) 634-0500

CR2E034 (11/98)