

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY - 1 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **311369** (3)  
1. Corporation Name  
**STAR BAKERY, INC.**

Principal Place of Business Mailing Address  
**3814 N.W. 32ND AVENUE MIAMI FL 33142** **1036 S.W. 1 ST. MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 **1036 S.W. 1 ST.** 26  
State, Apt. #, etc. City & State  
22 **MIAMI FLA.** 27  
City & State  
23 **MIAMI FLA.** 28  
City & State  
24 **33130** 25 **US.** 29 **US.** 30

3. Date Incorporated or Qualified **11/30/1966** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1153560** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICE/CANTERA & ASSOCIATES INC. 1036 S.W. 1 ST. MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1 ST.**  
83  
84 City **MIAMI** 85 Zip Code **FL 33130**

11. Pursuant to the provisions of Sections 607.0662 and 607.1508, Florida Statute, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 607.1508, Florida Statutes.  
SIGNATURE *[Signature]* **AMADA C. LOPEZ, PRES** 4/27/95

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SENDINA, MANUEL</b>
STREET ADDRESS	<b>8500 SW 2ND ST</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>SENDINA, ANA GLORIA</b>
STREET ADDRESS	<b>8500 SW 2ND ST</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
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31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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*[Signature]*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. 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]* 4/27/95 30) 54586 86  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MANUEL SENDINA**