

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

APPROVED AND FILED

97 APR 30 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **2300 CORAL WAY MIAMI FL 33145**
Mailing Address: **2300 CORAL WAY MIAMI FL 33145-3511**

3. Date incorporated or Qualified: **11/30/1966**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1153560**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2300 CORAL WAY MIAMI FL 33145**
2a. Mailing Address: **26 2300 CORAL WAY MIAMI FL 33145-3511**
22. # **200**
23. City & State: **MIAMI FLORIDA**
24. Zip: **33145** Country: **US**
25. Zip: **33145** Country: **US**

9. Name and Address of Current Registered Agent: **FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145**
10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *[Signature]* **AMADA CANTERA LOPEZ, PRES** DATE: **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	SENDINA, MANUEL	1.1 TITLE: 3000021638	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SENDINA, MANUEL		1.2 NAME: -05/02/97--01049--005	
STREET ADDRESS: 8500 SW 2ND ST		1.3 STREET ADDRESS: ****165.00 ****165.00	
CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP:	
TITLE: SD	SENDINA, ANA GLORIA	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SENDINA, ANA GLORIA		2.2 NAME:	
STREET ADDRESS: 8500 SW 2ND ST		2.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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]* **MANUEL SENDINA - PRESIDENT** DATE: **4/23/97**

CR2E034 (9/96)