

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

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99 APR 30 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017210

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 311369

1. Corporation Name
STAR BAKERY, INC.

Principal Place of Business

2300 CORAL WAY
#200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
#200
MIAMI FL 33145

2. Principal Place of Business

21 2300 Coral Way
Suite, Apt. #, etc

22 Suite # 200
City & State

23 Miami Florida
Zip Country

24 33145

25

2a. Mailing Address

26 2300 Coral Way
Suite, Apt. #, etc

27 Suite # 200
City & State

28 Miami Florida
Zip Country

29 33145

30

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

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

[Signature]

AMADA CANTERA LOPEZ, President

4/7/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|----------|
| TITLE | PD | [DELETE] |
| NAME | SENDINA, MANUEL | |
| STREET ADDRESS | 8500 SW 2ND ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | [DELETE] |
| NAME | SENDINA, ANA GLORIA | |
| STREET ADDRESS | 8500 SW 2ND ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | [DELETE] |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [DELETE] |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [DELETE] |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

| | |
|-------------------|-----------------------|
| 11 TITLE | [CHANGE] [ADD] |
| 12 NAME | |
| 13 STREET ADDRESS | 300002860372--3 |
| 14 CITY-ST-ZIP | -05/03/99--01022--025 |
| 21 TITLE | ***150.00 (***150.00) |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | [CHANGE] [ADD] |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | [CHANGE] [ADD] |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | [CHANGE] [ADD] |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | [CHANGE] [ADD] |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(b) 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:

[Signature]
ANA GLORIA SENDINA, SECRETARY

4/7/99

CR2E034 (1-198)