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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **328123** **(5)**

1. Corporation Name

LA ROSA CAKE, INC.

Principal Place of Business	Mailing Address
6250 W FLAGLER ST **MIAMI FL 33134**	**1036 SW 1 ST** **MIAMI FL 33130** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/28/1968	**05/01/1994**

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

4. FEI Number **59-1216527** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FL. ANNUAL REPORT **CANTERA ASSOC INC.** **1036 SW 1 ST** **MIAMI FL 33130**	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 **FL** 85 Zip Code: 33130

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: _____ AMADA CANTERA LOPEZ, PRES 4/28/95
(If changing registered agent and not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MAYORAL, OSVALDO	12 NAME	
STREET ADDRESS	5580 SW 1ST STREET	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MAYORAL, MERCEDES	22 NAME	
STREET ADDRESS	5580 SW 1ST STREET	23 STREET ADDRESS	300001473053
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	-05/03/95--01064--008
TITLE	V	31 TITLE	****200.00 ****200.00 ☐ Addition
NAME	MAYORAL, ORFELIO	32 NAME	
STREET ADDRESS	7130 SW 5TH STREET	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MAYORAL, OSMAR	42 NAME	
STREET ADDRESS	5540 SW 1ST STREET	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, ANA M.	52 NAME	
STREET ADDRESS	5580 S.W. 1ST ST.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

$875.00

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 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — DATE

0190087 CP