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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H52669

1. Corporation Name
VERSAILLES BAKERY INC.

Principal Place of Business	Mailing Address
% FELIPE A. VALLS 700 SW 36TH AVE MIAMI FL 33135-4124	% FELIPE A. VALLS 700 SW 36TH AVE MIAMI FL 33135-4124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3663 S.W. 8th Street	26 3663 S.W. 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Third Floor	27 Third Floor
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip Country	Zip Country
24 33135 USA	29 33135 USA

3. Date Incorporated or Qualified	Applied For
04/15/1985	
4. FEI Number	Not Applicable
65-0375816	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

VALLS, FELIPE A.
700 SW 36TH AVE
MIAMI FL

10. Name and Address of New Registered Agent

81 Name	VALLS, FELIPE A.
82 Street Address (P.O. Box Number is Not Acceptable)	3663 S.W. 8th Street Third Floor
83	
84 City	MIAMI
85 Zip Code	FL 33135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLS, FELIPE A., SR.	1.2 NAME	
STREET ADDRESS	833 CORAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLS, FELIPE A., JR.	2.2 NAME	
STREET ADDRESS	700 SW 36TH AVE	2.3 STREET ADDRESS	3663 S.W. 8th Street Third Floor
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33135
TITLE		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		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		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		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 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: Felipe A. Valls, Jr. SECRETARY, FELIPE A. VALLS, JR. 2/1/99 (305) 446-4916

CR2E034 (1/98)