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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90134 004 ***150.00

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

% FELIPE A. VALLS
700 SW 36TH AVE
MIAMI FL 33135-4124

Mailing Address

% FELIPE A. VALLS
700 SW 36TH AVE
MIAMI FL 33135-4124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1985

4. FEI Number

65-0375816

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **3663 S.W. 8th Street**

2a. Mailing Address
26 **3663 S.W. 8th Street**

Suite, Apt. #, etc.
22 **Third Floor**

Suite, Apt. #, etc.
27 **Third Floor**

City & State
23 **MIAMI FL**

City & State
28 **MIAMI FL**

Zip Country
24 **33135** 25 **USA**

Zip Country
29 **33135** 30 **USA**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **VALLS, FELIPE A., SR.**
STREET ADDRESS **833 CORAL WAY**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DS** ☐ DELETE
NAME **VALLS, FELIPE A., JR.**
STREET ADDRESS **700 SW 36TH AVE**
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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition
2.2 NAME **VALLS, FELIPE A., JR.**
2.3 STREET ADDRESS **3663 S.W. 8th Street Third Floor**
2.4 CITY-ST-ZIP **Miami, FL 33135**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

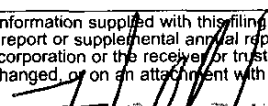
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY, FELIPE A. VALLS, JR

Date

2/1/99

Daytime Phone #

(305) 446-4916

CR2E034 (1/98)