

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:05

DOCUMENT # M32748 (9)

1. Corporation Name
BAKERY MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
15625 NW, 15TH AVENUE MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/28/1986** 3a. Date of Last Report **10/04/1994**

4. FEI Number **50-2681655** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Fictive Company Forming Trust or Contract **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 State, Apt. #, etc. 26 State, Apt. #, etc.
 22 City & State 27 City & State
 23 City & State 28 City & State
 24 City & State 29 City & State

9. Name and Address of Current Registered Agent
**LACAL, LUIS A
 3300 NE 192 ST.
 LPH-7
 AVENTURA FL 33180**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 607.0504, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation

Signature of registered agent or new registered agent

6/19/95

12. OFFICERS AND DIRECTORS	
TITLE PO	LACAL, JOSE CELESTINO 3300 NE 192 ST. LPH-7 AVENTURA FL
TITLE SD	LACAL, JUAN CARLOS 3300 NE 192 ST. LPH-7 AVENTURA FL
TITLE TD	LACAL, JOSE 3300 NE 192 ST. LPH-7 AVENTURA FL
TITLE VP	LACAL, LUIS 3300 NE 192 ST. LPH-7 AVENTURA FL
TITLE	
TITLE	

13. ADDITIONAL REGISTERED AGENTS	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	15625 NW 15 AVE
14 CITY, ST, ZIP	Miami, FL 33169
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	15625 NW 15 AVE
24 CITY, ST, ZIP	Miami, FL 33169
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	15625 NW 15 AVE
34 CITY, ST, ZIP	Miami, FL 33169
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	15625 NW 15 AVE
44 CITY, ST, ZIP	Miami, FL 33169
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(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. I am an officer or director of the corporation, or I am authorized or I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with my address.

SIGNATURE: **Juan Carlos Local** 6/19/95 (305) 623-3838

CR2E034 (3/95)