

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # M32748 (9)**

1. Corporation Name

**BAKERY MANAGEMENT CORPORATION**



Principal Place of Business

**15625 N.W. 15TH AVENUE  
MIAMI FL 33169**

Mailing Address

**15625 N.W. 15TH AVENUE  
MIAMI FL 33169**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LACAL, LUIS A  
3300 NE 192 ST.  
LPH-7  
AVENTURA FL 33180**

3. Date Incorporated or Qualified

**05/28/1986**

3a. Date of Last Report

**06/30/1995**

4. FEI Number

**59-2681655**

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

10. Name and Address of New Registered Agent

81 Name

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

**15625 NW 15 AVE**

83

84 City

**MIAMI**

FL

85 Zip Code

**33169**

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

Signature, Typed or Printed Name of Registered Agent

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

**PD  
LACAL, JOSE CELESTINO  
15625 NW 15 AVE  
MIAMI FL**

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**SD  
LACAL, JUAN CARLOS  
15625 NW 15 AVE  
MIAMI FL**

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**TD  
LACAL, JOSE  
15625 NW 15 AVE  
MIAMI FL**

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VP  
LACAL, LUIS  
15625 NW 15 AVE  
MIAMI FL**

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**● DIRECTOR**

Change  Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

**PREIDENT  
LACAL, LUIS A.**

Change  Addition

Change  Addition

Change  Addition

Change  Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (305) 623-3838

CR2E034 (12/95)