

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000077257 (1)

1. Corporation Name

CARLO BAKERY, INC.



Principal Place of Business: 14046 SW 55TH ST MIAMI FL 33175
Mailing Address: 14046 SW 55TH ST MIAMI FL 33175

2. Principal Place of Business: 21 1242 CORAL WAY, Suite, Apt. #, etc. 22 MIAMI, FLORIDA, Zip 33129
2a. Mailing Address: 26 1242 CORAL WAY, Suite, Apt. #, etc. 27 MIAMI, FLORIDA, Zip 33129

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report: 08/10/1995
4. FET Number: 65-0532146
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. 193.032, Florida Statutes: [X] Yes [] No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: DECASTRO, LUIS I. 10250 MILLER DR A101 MIAMI FL 33185

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 607.0602 and 607.1504, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARRACEDO, JUAN C	
STREET ADDRESS	% 14046 SW 55TH ST	
CITY-STATE-ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AGUDELO, BETTY	
STREET ADDRESS	14046 SW 55TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), Florida Statutes. I further certify that the information included in 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, a partner, sole proprietor or trustee or authorized agent of the corporation or trust; and that my name appears in Block 12 or Block 13, on an appointment with an address.

SIGNATURE: _____ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/96 305-958-1080

CR2E034 (12/95)