

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000054490 (3)**

1. Corporation Name  
**JUST BAKED, INC.**



Principal Place of Business  
**6415 WINDMILL GATE ROAD  
MIAMI LAKES FL 33014**

Mailing Address  
**6415 WINDMILL GATE ROAD  
MIAMI LAKES FL 33014-8081**

3. Date Incorporated or Qualified **06/21/1996**      3a. Date of Last Report

2. Principal Place of Business      2a. Mailing Address  
21 **8888 S.W. 136 ST.**      26 **8888 S.W. 136 ST.**

4. FEI Number **65-0685509**      Applied For / Not Applicable

22 **Suite # 280**      27 **Suite # 280**

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

23 **Miami, FL**      28 **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

24 **33176**      25 **USA**      29 **33176**      30 **USA**

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

**9. Name and Address of Current Registered Agent**

**DARROW, KENNETH F  
9200 SOUTH DADELAND BOULEVARD  
SUITE 412  
MIAMI FL 33156**

**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 607.0505, 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CALVO, MARITZA</b>	
STREET ADDRESS	<b>6415 WINDMILL GATE ROAD</b>	
CITY - ST - ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CALVO, GERARDO</b>	
STREET ADDRESS	<b>6415 WINDMILL GATE ROAD</b>	
CITY - ST - ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

**SIGNATURE:** *Gerardo Calvo*      **Gerardo Calvo**      **4-11-97**      **305-232-4280**

CR2E034 (9/96)