

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067054 (2)
1. Corporation Name
TAI'S BAKERY INC.



Principal Place of Business 5805 BLUE LAGOON DRIVE MIAMI FL 33126	Mailing Address 5805 BLUE LAGOON DRIVE MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o 10729 SW 104TH STREET	2a. Mailing Address 26 c/o 10729 SW 104TH STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA	28 City & State MIAMI, FLORIDA
24 Zip 33176	29 Zip 33176
25 Country DADE	30 Country DADE

3. Date Incorporated or Qualified 08/06/1996	
4. FEI Number 65-0692160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHUE, GARY T 5805 BLUE LAGOON DRIVE #170 MIAMI FL 33126		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, COLIN	1.2 NAME	CHANG, COLIN
STREET ADDRESS	15152 SOUTHWEST 95TH STREET	1.3 STREET ADDRESS	10729 SW 104TH STREET
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUE, GARY T	2.2 NAME	SHUE, GARY T.
STREET ADDRESS	126 ORQUIDEA AVENUE	2.3 STREET ADDRESS	c/o 10729 SW 104TH STREET
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, GARY	3.2 NAME	CHIN, GARY
STREET ADDRESS	12920 SOUTHWEST 72ND TERRACE	3.3 STREET ADDRESS	10729 SW 104TH STREET
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANG, WARREN	4.2 NAME	CHANG, WARREN
STREET ADDRESS	10729 SW 104TH STREET	4.3 STREET ADDRESS	10729 SW 104TH STREET
CITY-ST-ZIP	MIAMI, FLORIDA 33176	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **GARY CHIN** **4/17/98 800-424-2266**

CR2E034 (10/97)