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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90100 002 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000089492**

1. Corporation Name
BAGUETTE'S FOOD BAKERY CORP.



Principal Place of Business
 5190 NW 167 ST STE 111
 MIAMI FL 33014

Mailing Address
 5190 NW 167 ST STE 111
 MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7501 DADELAND MALL

2a. Mailing Address
7501 DADELAND MALL

21. Suite, Apt. #, etc.
FC 5

27. Suite, Apt. #, etc.
FC 5

23. City & State
MIAMI FL 33156

28. City & State
MIAMI FL

24. Zip Country
33156 URA

29. Zip Country
33156 URM

3. Date Incorporated or Qualified
10/20/1998

4. FEI Number
65-0870323

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 owes the current year Intangible Personal Property Tax.
 Yes No

9. Name and Address of Current Registered Agent

SHOMAR, JOSEPH
 17439 NW 66 COURT
 MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name
JOSE ZAHROUR

82 Street Address (P.O. Box Number is Not Acceptable)
7501 DADELAND MALL

83
FC 5

84 City
MIAMI FL

85 Zip Code
33156

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 Jose Zahrou **02/22/99**
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	PSD	<input type="checkbox"/> DELETE
NAME	ZAHROUR, JOSE	
STREET ADDRESS	19575 S BISCAYNE BLVD STE 1425	
CITY-ST-ZIP	MIAMI BEACH FL 33180	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	LAMAA, HUSSEIN	
STREET ADDRESS	19575 S BISCAYNE BLVD STE 1425	
CITY-ST-ZIP	MIAMI BEACH FL 33180	
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	PSDVT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE ZAHROUR	
1.3 STREET ADDRESS	7501 DADELAND MALL FC 5	
1.4 CITY-ST-ZIP	MIAMI FL 33156	
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 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, with all other like empowered.

SIGNATURE: JOSE ZAHROUR PSDVT **2/22/99** (305) 6667601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)