

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Serena B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED-  
AND  
FILED

55 MAY -1 PM 2:34

DOCUMENT # **S82946** (2)

1. Corporation Name  
**CAKE DESIGNS BY LUCILA AND EDDA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4315 S.W. 72ND AVE. MIAMI FL 33155	4315 S.W. 72ND AVE. MIAMI FL 33155

2. Principal Place of Business	26. Mailing Address
21. State App # etc.	26. State App # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. City	29. City
25. State	30. State

3. Date the Corporation is Qualified	3a. Date of Last Report
09/26/1991	01/28/1994
4. FEI Number	Applied For
65-0284174	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under Florida Statutes.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTINEZ, EDDA  
6921 S.W. 95TH AVENUE  
MIAMI FL 33173**

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

11. Pursuant to the provisions of Sections 607.04(5) and 607.15(6), 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 hereby authorized to accept the obligations of Section 607.04(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 1995	
TYPE	P	1. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, EDDA	2. NAME	
STREET ADDRESS	6921 S.W. 95TH AVE	3. STREET ADDRESS	
CITY & STATE	MIAMI FL	4. CITY & STATE	
TYPE	V	5. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, LUCILA	6. NAME	
STREET ADDRESS	1217 GRANADA BLVD.	7. STREET ADDRESS	
CITY & STATE	CORAL GABLES FL	8. CITY & STATE	
TYPE		9. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
TYPE		13. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
TYPE		17. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

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 130.07(1)(b), Florida Statutes. I further certify that the information included 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Serena B. Mortimer* EDDA MARTINEZ 4/28/95 305-666-6987  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR