

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F54010** (6)  
1. Corporation Name  
**SUPREME BAKERY, INC.**

Principal Place of Business  
**2300 CORAL WAY  
MIAMI FL 33145**

Mailing Address  
**2300 CORAL WAY  
MIAMI FL 33145-3511**

3. Date Incorporated or Qualified  
**11/05/1981**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
**21 2300 CORAL WAY**  
Suite, Apt. #, etc.  
**22 # 200**  
City & State  
**23 MIAMI FLORIDA**  
Zip  
**24 33145**

2a. Mailing Address  
**26 2300 CORAL WAY**  
Suite, Apt. #, etc.  
**27 # 200**  
City & State  
**28 MIAMI FLORIDA**  
Zip  
**29 33145**

Country  
**25 US**

Country  
**30 US**

4. FEI Number  
**59-2185662**

Applied For  
☐ Not Applicable

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
#200  
MIAMI FL 33145**

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 for the corporation, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or authorized officer of the corporation

(NOTE: Registered Agent signature required when reinstating)

**AMADA CANTERA LOPEZ, PRES**

DATE

**7/23/97**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SD	DIAZ, MARIA V	913 A S W 87 AVE	MIAMI, FL 00000	<input type="checkbox"/>
PD	DIAZ, JOSE G	913 A S W 87 AVE	MIAMI, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**7/23/97**

**7/23/97**

APPROVED  
AND  
FILED  
97 APR 30 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)