

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

APPROVED
AND
FILED

98 MAR 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F54010 (6)
1. Corporation Name
SUPREME BAKERY, INC.

Principal Place of Business 2300 CORAL WAY #200 MIAMI FL 33145	Mailing Address 2300 CORAL WAY #200 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE #200 City & State 23 MIAMI, FLORIDA Zip Country 24 33145 25 U.S.		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE #200 City & State 28 MIAMI, FLORIDA Zip Country 29 33145 30 U.S.		3. Date Incorporated or Qualified 11/05/1981	
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE #200 City & State 23 MIAMI, FLORIDA Zip Country 24 33145 25 U.S.		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE #200 City & State 28 MIAMI, FLORIDA Zip Country 29 33145 30 U.S.		4. FEI Number 59-2185662	
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE #200 City & State 23 MIAMI, FLORIDA Zip Country 24 33145 25 U.S.		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE #200 City & State 28 MIAMI, FLORIDA Zip Country 29 33145 30 U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE #200 City & State 23 MIAMI, FLORIDA Zip Country 24 33145 25 U.S.		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE #200 City & State 28 MIAMI, FLORIDA Zip Country 29 33145 30 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE #200 City & State 23 MIAMI, FLORIDA Zip Country 24 33145 25 U.S.		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE #200 City & State 28 MIAMI, FLORIDA Zip Country 29 33145 30 U.S.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	

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. I am familiar with, and approve the appointment of, Section 607.0505, Florida Statutes.

SIGNATURE:  AMADA CANTERA LOPEZ/PRES. 3/22/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, MARIA V 913 A S W 87 AVE MIAMI, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, JOSE G 913 A S W 87 AVE MIAMI, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Maria Virginia Diaz 3/22/98

CR2E034 (10/97)