

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F54010

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

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

2a. Mailing Address

26 2300 Coral Way
Suite, Apt. #, etc.

27 Suite # 200
City & State

28 Miami Florida
Zip Country

29 33145

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1981

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 owes the current year intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

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

Signature, type or print the name of registered agent or officer or director

AMADA CANTERA LOPEZ, President

3/27/99

12. OFFICERS AND DIRECTORS

TITLE SD [] DELETE
NAME DIAZ, MARIA V
STREET ADDRESS 913 A S W 87 AVE
CITY-ST-ZIP MIAMI, FL 00000

TITLE PD [] DELETE
NAME DIAZ, JOSE G
STREET ADDRESS 913 A S W 87 AVE
CITY-ST-ZIP MIAMI, FL 00000

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(3)(g), 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: X *Jose G. Diaz*
JOSE G. DIAZ, PRES.

APPROVED
AND
FILED

99 APR -9 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0217597

CR2E034 (11/98)