SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 29, 1999 8:00 am
Secretary of State
07-29-1999 90027 001 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # L43297

1. Corporation Name
DELICIAS COLOMBIANAS BAKERY, INC.

Principal Place of Business	Mailing Address
9546 SW 137TH AVE. MIAMI FL 33186	9546 SW 137TH AVE. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1990

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0172696	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FERNANDEZ, MARLENE
9960 SW 130TH ST
MIAMI FL 33176

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
AME	FERNANDEZ, MARLENE		1.2 NAME	
TREET ADDRESS	9960 SW 130 ST		1.3 STREET ADDRESS	
TY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
AME			2.2 NAME	
TREET ADDRESS			2.3 STREET ADDRESS	
TY-ST-ZIP			2.4 CITY-ST-ZIP	
TLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
AME			3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
TY-ST-ZIP			3.4 CITY-ST-ZIP	
TLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
AME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
TY-ST-ZIP			4.4 CITY-ST-ZIP	
LE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #