

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 3:12

DOCUMENT # 373197 (3)

1. Corporation Name

A.B.C. BAKERIES SUPPLIES AND EQUIPMENT, INC

Principal Place of Business

**7200 NW 1ST AVE
MIAMI FL 33150
US**

Mailing Address

**7200 NW 1ST AVE
MIAMI FL 33150
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/24/1970

3a. Date of Last Report

03/29/1994

4. FEI Number

59-1385511

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGUILAR, ISRAEL A.
6143 S.W. 114TH COURT
MIAMI FL 33173**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	AGUILAR, ISRAEL A.
STREET ADDRESS	6143 S.W. 114TH COURT
CITY ST ZIP	MIAMI, FL 00000
TITLE	CD
NAME	AGUILAR, ISRAEL
STREET ADDRESS	6143 S.W. 114TH COURT
CITY ST ZIP	MIAMI, FL 00000
TITLE	SD
NAME	AGUILAR, AMERICA
STREET ADDRESS	5451 S.W. 70TH PLACE
CITY ST ZIP	MIAMI, FL 00000
TITLE	SD
NAME	TAMBINI, ANAT
STREET ADDRESS	5451 S.W. 70TH PLACE
CITY ST ZIP	MIAMI, FL 00000
TITLE	VD
NAME	GISPERT, JOSE M.
STREET ADDRESS	11459 S.W. 60TH LANE
CITY ST ZIP	MIAMI FL
TITLE	TD
NAME	GISPERT, AMERICA
STREET ADDRESS	11459 S.W. 60TH LANE
CITY ST ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

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 190.07(3)(b), 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 007, 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

2-16-95

Date

305-757-3885

Telephone Number