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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(9)

1. Corporation Name

PASTRY LANE, INC.

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Principal Place o	of Business	Mairing Add		,, ea,, e,e,, e,e,, e,e,, e,	/#!! <b>4</b> /8/! <b>4</b>  8//					
1688-92 N.E. 164TH ST. N MIAMI BCH FL 33162  1688-92 N.E. 164TH ST. N MIAMI BCH FL 33162										
						3. Date Incorporated or Qualified 05/17/1971	3a. Date of Last F 05/01/1	3eport 1995		
2. Principal Plac	ce of Business	2a. Mailing 26	. Mailing Address			E0_12E2012		Applied For Not Applicable		
Suite, Apt. #	, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired Search Sear				
City & State		Oity & 5	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Ζιρ <b>24</b>	Zip Country		Zip Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered A	gent			10. Name and Address of New R	egistered Agent			
				81	Name					
BLOCK,STEVEN 1688 N.E. 164ST				82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
N. MIAI	MI BEACH FL 33162		83							
				84	City		FL   T	ip Code		
or registere	o the provisions of Sections 607.050 of agent, or both, in the State of Flo o, and accept the obligations of, Sec	ida. Such change	e was authorized by t	above-r he corp	amed corpor oration's boar	ation submits this statement for the pur of directors. I hereby accept the appo	pose of changing its bintment as registere	registered office d agent. I am		
SIGNATURE _	Signat are, typed or printed name of registered ager	A series of the	ALOTE: Busin	dornal Ancie	t signature required	d when reinclated	DATE			
12.		ND DIRECTORS		13.	( Signatura raquiras	ADDITIONS/CHANGES TO OFF		ORS IN 12		
TILE	PD			1. 1 TITLE	1	·	Change			
NAME	BLOCK, STEVEN			1.2 NAME						
STREET ADDRESS	1688 N.E. 164TH ST.			1.3 STREET	ADDRESS					
CITY-S1-ZIP	MIAMI BEACH FL			1.4 CITY - S	T-ZIP					
TILLE	VD		DELETE :	2 1 TITLE			Change	☐ Addition		
NAMÉ	BLOCK, RONNIE			2.2 NAME						
STREFT ADDRESS	1688 N.E. 164TH ST.		1:	2.3 STREE1	ADORESS			i		
CITY-ST-7IP	MIAMI BEACH FL			2.4 CITY - S	T-ZIP					
TiffE				3 1 TITLE			☐ Change	Addition		
NAME				3.2 NAME	1					
STREET ADDRESS			1	3 3. STREET						
CITY-ST-ZIP				3 4 CHTY-S 4. 1 TITLE	T - ZIP		☐ Change	Addition		
TITLE		ι.		4. 1 111LE 4.2 NAME						
NAME				4.2 NAME 4.3 STREET	Annoree					
STREET ADDRESS				4.3 STREET 4.4 CITY-S						
CITY-\$T-ZIP TITLE				5 1 TITLE	1-20		☐ Change	Addition		
NAME				5 2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
CHY-ST-ZIP				5.4 CITY - S	1					
TITLE				6 1 TITLE			☐ Change	Addition		
NAME			Ī	6.2 NAME				1		
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - S	T- 7IP					
14. Ldo hereb	ce tify that the information supplied	with this filing is				for the exemption stated in Section 119	07(3)(k), Florida Stati	utes. I further		

recently that the information suppried with this firing is voluntarily turnished and does not quality for the exemption stated in Section 118.0/(3)(k). 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 eath; 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: