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 # 419846

BEST BAKERY SUPPLY INC

Principal Plac	ce of Business	Mailing Address		•	1 (00(1) 6160)) 1010 1010 10161 01610 841	i dimit midte bibti did)
3211 EAST 11 HIALEAH FL 3		3211 EAST 11 AVENUE HIALEAH FL 33013				•	•
					DO NOT WRITE IN	THIS SPACE	
					 Date Incorporated or Qualified 02/27/1973 		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1 1	Applied For
21		26			59-1451216		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired		Required
City & Sta	te . *	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current ye	ear Intangible	
24	25	29	30		Personal Property Tax.	Z Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent	
			81	Name			
	ICHEZ, MANUEL J		82	Street Add	ress (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
	1 EAST 11 AVENUE	•	02	Sileet Add	ress (F.O. Box Number is Not Acceptable)		
HIAL	LEAH FL 33013	* .	83		(a.4), (1.4) (\$13), (7.4)	7 16 2 13 13 13 13	(10 ta) (N
				,			44.25.32
			84	City		85 Zip	p Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	e-named corr	poration submits this statement for the purpo	se of changing i	ts registered
office or a	registered agent, or both, in the State or am familiar with, and accept the obligat	of Florida, Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the	appointment as	registered
_		ions of, Section 607.0000, Flor	iua Statutes	•			
SIGNATURE							
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Age	nt signature require	d when reinstating) DA	TE	
12.	Signature, typed or printed name of registered agen OFFICERS AN		_	nt signature require	d when reinstating) DA ADDITIONS/CHANGES TO OFFICER		FORS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature require	ADDITIONS/CHANGES TO OFFICER		
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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 supplied and a courage 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 regetver of 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 chapter, or on an adachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90014 007 ***150.00

Daytime Phone #