

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 469073 (1)  
1. Corporation Name  
BINGO 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 |                | 2a. Mailing Address |                | 3. Date Incorporated or Qualified  |  |
| 21                             | 2300 CORAL WAY | 26                  | 2300 CORAL WAY | 02/06/1975   |  |
| Suite, Apt. #, etc.            |                | Suite, Apt. #, etc. |                | 4. FEI Number  |  |
| 22                             | SUITE # 200    | 27                  | SUITE # 200    | 59-1591132   |  |
| City & State                   |                | City & State        |                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23                             | MIAMI, FLORIDA | 28                  | MIAMI, FLORIDA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 24                             | Zip 33145      | 29                  | Zip 33145      | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 25                             | Country US     | 30                  | Country US     |  |  |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0105, Florida Statutes.

SIGNATURE: AMADA CANTERA LOPEZ - PRES. 4-21-98  
Signature, typed or printed name of the firm or agent, and date of appointment (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                    |      |            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |                 |                       |
|----------------------------|--------------------|------|------------|---|--|-----------------|-----------------------|
| TITLE                      | PD                 | NAME | GALI, JOEL | 1.1 TITLE   |  | 1.2 NAME        | 400002503964-1        |
| STREET ADDRESS             | 961 S.W. 58 AVENUE |      |            | 1.3 STREET ADDRESS                                    |  | 1.4 CITY-ST-ZIP | -04/28/98--D1118--017 |
| CITY-ST-ZIP                | MIAMI FL           |      |            | 2.1 TITLE   |  | 2.2 NAME        | ****150.00 ****150.00 |
| TITLE                      | ST                 | NAME | GALI, ANA  | 2.3 STREET ADDRESS                                    |  | 2.4 CITY-ST-ZIP |                       |
| STREET ADDRESS             | 961 S.W. 58 AVENUE |      |            | 3.1 TITLE   |  | 3.2 NAME        |                       |
| CITY-ST-ZIP                | MIAMI FL           |      |            | 3.3 STREET ADDRESS                                    |  | 3.4 CITY-ST-ZIP |                       |
| TITLE                      |                    | NAME |            | 4.1 TITLE   |  | 4.2 NAME        |                       |
| STREET ADDRESS             |                    |      |            | 4.3 STREET ADDRESS                                    |  | 4.4 CITY-ST-ZIP |                       |
| CITY-ST-ZIP                |                    |      |            | 5.1 TITLE   |  | 5.2 NAME        |                       |
| TITLE                      |                    | NAME |            | 5.3 STREET ADDRESS                                    |  | 5.4 CITY-ST-ZIP |                       |
| STREET ADDRESS             |                    |      |            | 6.1 TITLE   |  | 6.2 NAME        |                       |
| CITY-ST-ZIP                |                    |      |            | 6.3 STREET ADDRESS                                    |  | 6.4 CITY-ST-ZIP |                       |

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 in an affidavit submitted with an address.

SIGNATURE:

CR2E034 (10/97)