

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 472051 (2)

1. Corporation Name
POINT EAST QUALITY BAKERY, INC.

Principal Place of Business
17851 BISCAYNE BLVD
AVENTURA FL 33160
US

Mailing Address
17851 BISCAYNE BLVD
AVENTURA FL 33160-2501
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1975		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1593584		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

TCHUKOVSKY, ANTHONY
17851 BISCAYNE BLVD
AVENTURA FL 33160

10. Name and Address of New Registered Agent

81	Name	MARTIN HALMAN	
82	Street Address (P.O. Box Number is Not Acceptable)	17864 W. DIXIE HWY	
83			
84	City	FL	85 Zip Code 33160

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: *Martin Halman* *Martin Halman* 4/1/97
Signature and printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TCHUKOVSKY, ANTHONY	1.2 NAME	BERLIN, LEONARD
STREET ADDRESS	17851 BISCAYNE BLVD.	1.3 STREET ADDRESS	17851 BISCAYNE BLVD
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	AVENTURA FL 33160
TITLE	DS	2.1 TITLE	DS
NAME	TCHUKOVSKY, CYNTHIA	2.2 NAME	BERLIN, ANDREA
STREET ADDRESS	17851 BISCAYNE BLVD	2.3 STREET ADDRESS	17851 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	AVENTURA FL 33160
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Cynthia Tchukovskiy* 4/1/97 305-944-6350
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)