

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

APPROVED AND FILED

07/19/1994 09:37
 COUNTY OF MIAMI
 TREASURER OF COUNTY

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Governor B. McKeithen
 Secretary J. M. ...
 1111 ...

DOCUMENT # **541413** (1)
 ARRIAZA BAKERY INC.

1511 SW 37TH AVE
 MIAMI FL 33145-8052

3. Date of Incorporation	3a. Date of Last Report
07/19/1977	01/28/1994
4. FID Number	Applicable / Not Applicable
59-1753550	
5. Certificate of Status (Fees)	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
8. Financial Statements	Yes / No

2. Principal Office	2b. Mailing Address
21. State Address	26. State Address
22. City/State	27. City/State
23. City/State	28. City/State
24. City/State	29. City/State
25. City/State	30. City/State

9. Name and Address of Current Registered Agent
 ARRIAZA, GILBERTO
 1511 SW 37TH AVE
 MIAMI FL

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number or Post Office)
 83.
 84. City
 FL 85. Zip Code

11. This report is the property of the Department of State and shall remain the property of the Department for the purpose of providing to registered officers and members of public in the State of Florida. Any information furnished by this corporation to the Department of State is confidential and shall not be disclosed to any other person without the written consent of the corporation. This is a public document.

ORIGINATOR: ...

12. OFFICERS AND DIRECTORS		13. ADULTS CHANGING CORPORATE AND FINANCIAL INFORMATION	
NAME	PD ARRIAZA, GILBERTO 2000 SW 13TH AVE MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ARRIAZA, AIDA 2000 SW 13TH AVE MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information reported on this report is true and correct, and that the corporation shall have the same reported to the Department of State. I understand that any information reported to the Department of State is confidential and shall not be disclosed to any other person without the written consent of the corporation. This is a public document.

SIGNATURE: *Arriaza PROSID*
 PRINTED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 305-442-2407