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Mar 06 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 # 588602

(3)

1. Corporation Name  
CASINO BAKERY, INC.

Principal Place of Business

2726 36TH STREET  
TAMPA FL 33605

Mailing Address

P.O. BOX 5826  
TAMPA FL 33675-5826  
US



3. Date Incorporated or Qualified  
10/01/1978

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1849497

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SANCHEZ, LOUIS, JR.  
2726 36TH STREET  
TAMPA, FL. K 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SANCHEZ, LOUIS III	
STREET ADDRESS	509 OAKHURST DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	PD	DELETE
NAME	SANCHEZ, LOUIS, JR.	
STREET ADDRESS	509 OAKHURST DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	DELETE
NAME	GOAN, IRIS TERES	
STREET ADDRESS	3204 W CLIFTON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	GARCIA, LORI	
STREET ADDRESS	1712 ORANGEMILL DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	DELETE
NAME	SANCHEZ, AMY	
STREET ADDRESS	509 OAKHURST DR	
CITY-ST-ZIP	BRANDON FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Luis Sanchez Goan* IRIS TERES GOAN - 2/27/97-(813)242-0311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)