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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K41575

(7)

MIAMI YOGURT OF BAKERY CENTRE, INC.

FILED May 09 1997 8:00am Secretary of State

Principal Place % SIDNEY STE 10865 S.W. 13 MIAMI FL 3317	EIGMAN BTH ST.	Mailing Address SIDNEY STEIGMAN 10865 S.W. 138TH ST. MIAMI FL 33176-6529			·					
						 Date Incorporated or Qualified 10/25/1988 		te of Last 05/1996		
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address 26			AP 0000000			Applied for Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State)	City & State	City & State			6. Election Campaign Financing		\$5.0	O May Be	
Zip Country 25		28	Zip Cou			Trust Fund Contribution				
	9. Name and Address of Curren	t Registered Agent	4 == 4			10. Name and Address of New Re	gistered /	Agent		
	IGMAN, SIDNEY			81	Name					
	85 S.W. 138TH ST. MI FL 33176		8:			dress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)			
			}	83						
				84	City		FL	85 Zir	p Code	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	ules		proration submits this statement for the pration's board of directors. I hereby accepance when revisaling)	DATE			
12. TITLE	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change		
NAME	STEIGMAN, SIDNEY	L.J Dett it	1.1 1.1 1.2 NA					L., Olistiye	, L'I Voquio	
STREET ADDRESS	10865 S.W. 138TH ST.				ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CI		ì					
TITLE		DELETE	2.1 10	ΙĮŧ				Change	e [] Addition	
NAME			2.2 N/	ME						
STREET ADDRESS			1		ADDRESS	•				
CITY-ST-ZIP TITLE		DELETE	2 4 C		1-719			Change	e [] Addition	
NAME			3.2 NA					L) URANGE	, FT Woulde	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. C		1					
TITLE		DECETE	4.1 Tu	ILE				Change	e [] Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 B1	REET	ADDRESS					
CITY-ST-ZIP		Locus	4.4 CI		T - ZIP		 .	Change	T Add to	
TITLE		☐ DELETE	51 km		ĺ			Change	e L_] Addition	
NAME STREET ADDRESS			52 N/		ADDOCCO					
					ADDRESS					
CITY-ST-ZIP TITLE		DECETE	5.4 DI 6.1 TH					Change	e [] Addition	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 ÇI							
	by certify that the information supplied	d with this filling does not qua				ed in Section 119.07(3)(i), Florida Statute	s. I further	certify the	at the	

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 eath; that I am an officer or director of the convertion 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 so an attachment with an address.

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