

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

FILED

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 # K83294

(4)

1. Corporation Name

ZEN BAKERY OF FLORIDA, INC.

Principal Place of Business

% DIANA M. COE
7384 S.W. 40TH STREET
MIAMI FL 33155

Mailing Address

% DIANA M. COE
7384 S.W. 40TH STREET
MIAMI FL 33155-6634

3. Date Incorporated or Qualified
04/25/1989

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

21 3350 S.W. 27 Ave.

2a. Mailing Address

26 3350 S.W. 27 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Coconut Grove, FL

27 City & State

28 Coconut Grove, FL

24 Zip

25 33133

Country

25 USA

29 Zip

29 33133

Country

30 USA

4. FEI Number

65-0118020

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

COE, DIANA M. -
7384 S.W. 40TH STREET
MIAMI FL 33155

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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME COE, DIANA M
STREET ADDRESS 7384 SW 40TH ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DVS
NAME DELORENZO, KATHLEEN
STREET ADDRESS 7384 SW 40TH ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT
1.2 NAME COE, DIANA M
1.3 STREET ADDRESS 3350 S.W. 27 Ave.
1.4 CITY-ST-ZIP Coconut Grove, FL 33133

☒ Change ☐ Addition

2.1 TITLE DVS
2.2 NAME DELORENZO, KATHLEEN
2.3 STREET ADDRESS 3350 S.W. 27 Ave.
2.4 CITY-ST-ZIP Coconut Grove, FL 33133

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Diana M. Coe Diana M. Coe

3-3-97

305-858-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011434

CR2E034 (9/96)