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Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
3350 S.W. 27 AVE.
7384 S.W. 40TH STREET
COCONUT GROVE FL 33133
US

Mailing Address
3350 S.W. 27 AVE.
7384 S.W. 40TH STREET
COCONUT GROVE FL 33133
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1110 Brickell Av.
Suite, Apt. #, etc.
22 PH One
City & State
23 Miami FL
Zip
24 33131
Country
25 US

2a. Mailing Address
26 1110 Brickell Av.
Suite, Apt. #, etc.
27 PH One
City & State
28 Miami, FL
Zip
29 33131
Country
30 US

3. Date Incorporated or Qualified
04/25/1989

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	COE, DIANA M	1.2 NAME	Coe, Diana M.
STREET ADDRESS	3350 S.W. 27 AVE.	1.3 STREET ADDRESS	1110 Brickell Av.
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	DVS	2.1 TITLE	DVS
NAME	DELORENZO, KATHLEEN	2.2 NAME	DeLorenzo, Kathleen
STREET ADDRESS	3350 S.W. 27 AVE.	2.3 STREET ADDRESS	1110 Brickell Av.
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	Miami, FL 33131
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 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

CR2E034 (10/97)