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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

	MENT # <b>L2814</b> Oria Bakery, Inc.	8 (9)							
Principal Place of Business Mailing Address									
% SONIA DE LA NUEZ C/O JULIAN HERNANDE 7606 N.W. 186TH ST. 1150 NW 72ND AVE., S COUNTRY CLUB OF MIAMI FL 33015 MIAMI FL 33126-1820									
						3. Date incorporated or Qualified 11/06/1989	1	Date of Last P /15/1996	Report
	lace of Business	2a. Mailing Address	***************************************			4. FEI Number			oplied For
21  Sule, Apt	#, elc	Suite, Apt. #, etc.			······································	65-0159105		~	ot Applicable Additional
22		27]				5. Certificate of Status Desired			equired
City & State	e e	City & State				6. Election Campaign Financing			May Be to Fees
<b>23</b> ] 2ip	Country		Cou	intry	/	Trust Fund Contribution  8. This corporation has liability for		***************************************	
24	25	29	30			Florida Statutes	Yes	ĎFNo	
	9. Name and Address of Cu	rrent Registered Agent			T	10. Name and Address of New Re	gistered	i Agent	
	LA NUEZ, SONIA			81	Name				
6320 W 10TH AVE COUNTRY CLUB				82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	EAH FL 33012			83	<del> </del>	·			
1 117 14	227411 E 0001E			84	City			as 7in	Code
				1	1		FI		
office or r agent. La SIGNATURE	registered agent or both, in the S in farminar with, and accept the of Supersion typed or protestions of registros					poration submits this statement for the ption's board of directors. I hereby acceptions when renstating)	ot the ac	ppointment as	registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	RS IN 12
THE	D	☐ DELETE	117	ITLE				Change	Addition
NAME	DE LA NUEZ, SONIA		1.2 N						
STREET ADDRESS	1900 WEST 68TH ST. HIALEAH FL		•		I ADDRESS				
C-TY ST-7IP	NIALEAN FL	DELETE	1.4 C 2.1 T		ST-ZIP			Change	Addition
NAM:			22 N					_ •	
STREET ADORESS			2.3 \$	TREE	T ADDRESS				
COY-ST ZIE					ST - ZIP				
THE		DELETE	31 T					Change	Addition
NAMI			32 N		t addaess				·
STREET ADDRESS CITY ST-ZIP					ST-ZIP				
TIREF		DELETE	4.1 7					☐ Change	Addition
NAVE			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	T ADDRESS				ļ
C(1y - S2 - 7)P		DELETE			ST - ZIP			Change	Addition
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STREET ADDRESS					T ADDRESS				
City-St-7+					ST-ZIP				
THELF		DELETE	61T					Change	Addition
tsAMI			. 62 N		1				
STREET ADDRESS			63\$	TREE	T ADDRESS				

14. If 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 path; 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:

IGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER

Sania de la Nuez

1/10/97

**FILED** 

Apr 16 1997 8:00am

Secretary of State

826.2949

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