

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 32 PM 12: 53**

**DOCUMENT # L28406**

**(1)**

1. Corporation Name

**FINLANDIA BAKERY CAFE, INC.**

Principal Place of Business

**C/O ELVI ANTILA  
5058 S.E. FEDERAL HIGHWAY  
STUART FL 34997-6627**

Mailing Address

**C/O ELVI ANTILA  
5058 S.E. FEDERAL HIGHWAY  
STUART FL 34997-6627**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1989**

3a. Date of Last Report

**06/13/1994**

4. FEI Number

**65-0179054**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTILA, ELVI  
5058 S.E. FEDERAL HIGHWAY  
STUART FL 34994**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                     |
|-----------------|---------------------|
| TITLE           | PD                  |
| NAME            | ANTILA, ELVI        |
| STREET ADDRESS  | 5812 S.E. LAMAY DR. |
| CITY - ST - ZIP | STUART FL           |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Elvi Antila*  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

**3-23-95**

(Date)

(Signature/Name #)

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:05

DOCUMENT # **L30047** (9)

1. Corporation Name  
**PRINCE-PARANI, INC.**

Principal Place of Business  
**7380 SAND LAKE RD  
STE 565  
ORLANDO FL 32819  
US**

Mailing Address  
**8703 RANCHO CT  
ORLANDO FL 32836**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/14/1989</b>                                                                                           | 3a. Date of Last Report<br><b>04/22/1994</b>           |
| 4. FFI Number<br><b>59-2991643</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |         |                     |           |
|--------------------------------|---------|---------------------|-----------|
| 2. Principal Place of Business |         | 2a. Mailing Address |           |
| <b>21</b>                      |         | <b>26</b>           |           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |           |
| <b>22</b>                      |         | <b>27</b>           |           |
| City & State                   |         | City & State        |           |
| <b>23</b>                      |         | <b>28</b>           |           |
| Zip                            | Country | Zip                 | Country   |
| <b>24</b>                      |         | <b>29</b>           | <b>30</b> |

|                                                                       |  |                                                                                                                                            |  |
|-----------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                       |  | 10. Name and Address of New Registered Agent                                                                                               |  |
| <b>PARANI, ROMULO POBLETE<br/>8703 RANCHO CT<br/>ORLANDO FL 32836</b> |  | <b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when instituting) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | CPD                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARANI, ROMULO POBLETE | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8703 RANCHO CT         | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ORLANDO FL             | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VD                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARANI, MARGARET ANN   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8703 RANCHO CT         | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ORLANDO FL             | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | TSD                    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHANKLE, BELINDA ANN   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5340 DENVER DR.        | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ORLANDO FL             | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARANI, REGINALD LEE   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 660 JAGUAR CT.         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | KISSIMEE FL            | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                        | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                        | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Romulo P. Parani **ROMULO P. PARANI** 3/28/95 407-352-5269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR