

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L86168 (6)

1. Corporation Name

LE BAKERY FINE PASTRY, CORPORATION



Principal Place of Business

Mailing Address

~~17890 WEST DIXIE HIGHWAY #106~~  
~~NORTH MIAMI BEACH FL 33160~~

231 NE 211 ST.  
NORTH MIAMI BEACH FL 33179  
US

3. Date Incorporated or Qualified  
07/05/1990

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 231 NE 211 ST.

26 231 NE 211 ST.

4. FEI Number  
65-0213627

Applied For  
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
N. MIAMI BEACH, FL

28 City & State  
N. MIAMI BEACH, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip  
33179

25 Country  
USA

29 Zip  
33179

30 Country  
USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, ELIAS  
~~17890 WEST DIXIE HIGHWAY #106~~  
~~NORTH MIAMI BEACH FL 33160~~

231 NE 211 ST.  
N. MIAMI BEACH, FL 33179

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 date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PSD  
STREET ADDRESS GOLDSTEIN, ELIAS  
CITY-ST-ZIP 17890 WEST DIXIE HIGHWAY #106  
NORTH MIAMI BEACH FL 33160

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 231 NE 211 ST.  
14 CITY-ST-ZIP N. MIAMI BEACH, FL 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 10-96(305)882-1017  
DATE DAYTIME PHONE

CR2E034 (3/96)