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APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 PM 2: 36

DOCUMENT # L88632 (9)

1. Corporation Name ALL BAKERY, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 360 SW 109TH AVE. MIAMI FL 33174 Mailing Address 360 SW 109TH AVE. MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/24/1980 3a. Date of Last Report 03/09/1994

2. Principal Place of Business 21 26 2a. Mailing Address

4. FEI Number 65-0261590 Applied For Not Applicable

Suite, Apt. #, etc. 22 27

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

City & State 23 28

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

Zip 24 25 Country 29 30

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 Now Registered Agent

VALLE, MAXELMO 360 SW 109TH AVE. MIAMI FL 33174

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP. Row 1: D VALLE, MAXELMO 360 SW 109TH AVE. MIAMI FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP. Includes checkboxes for Change and Addition.

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] MAXELMO VALLE

4-26-95 (305) 553-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type or Print Name)