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FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M18228 (0)

1. Corporation Name  
LA DICHOSA BAKERY, INC.



Principal Place of Business

Mailing Address

LAWICHOSA BAKERY, INC.  
1206 WHITE ST  
KEY WEST FL 33040  
US

PO BOX 1253  
KEY WEST FL 33041-1253  
US

3. Date Incorporated or Qualified  
07/18/1985

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2756386

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 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

FABRE, FRANK R.S.  
717 PONCE DE LEON BLVD.  
SUITE 234  
CORAL GABLES FL 33134

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PO	ROJAS, REINALDO	2022 STAPLE AVE.	KEY WEST FL	<input type="checkbox"/>
VT	RODRIGUEZ, JESUS	1206 WHITE STREET	KEY WEST FL	<input type="checkbox"/>
V	FRANCO, FAUSTINO	1206 WHITE STREET	KEY WEST FL	<input type="checkbox"/>
S	FABRE, FRANK R. S.	717 PONCE DE LEON BLVD.	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I 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 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:

(NOTE: Registered Agent signature required when reinstating)

1/17/97

Date

Daytime Phone #

0159338

CR2E034 (9/96)