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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M18228 1. Corporation Name

LA DICHOSA BAKERY, INC.

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Principal Plac	ce of Business	Mailing Address				OCOUR BINST OCOUR GINED I	DIGHT BYOUT HORY
1206 WHITE ST KEY WES KEY WEST FL 33040 US		PO BOX 1253 KEY WEST FL 33041 US			DO NOT WRITE IN	THIS SPACE	
US	·				3. Date Incorporated or Qualifed 07/18/1985		
— ·	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2756386		t Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Sta		City & State	سپۍ ،		6:-Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	Kegisterea Agent	8.	1 Name	10. Name and Address of New Registe	ered Agent	
FAB	RE, FRANK R.S.		Ľ	14ame			
717	PONCE DE LEON BLVD. LE 234		82		ess (P.O. Box Number is Not Acceptable)	***	401-4-24-2501
	RAL GABLES FL 33134		83	3			到的樣士
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office or i	registered agent, or both, in the State of the familiar with, and accept the obligated agent, or both, in the state of the familiar with, and accept the obligated agent	of Florida. Such change was a ions of, Section 607.0505, Flo	uthorized by rida Statute	y the corporations.	oration submits this statement for the purposin's board of directors. I hereby accept the a	ppointment as reg	registered gistered
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14. I 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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90048 046 ***150.00