

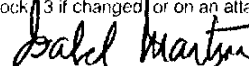


FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 17 1997 8:00am Secretary of State	
DOCUMENT # M32219 (1) 1. Corporation Name GAMA BAKERY, INC.					
Principal Place of Business 1455 N.W. 107TH AVE., ROOM 492 MIAMI FL 33172		Mailing Address 1455 N.W. 107TH AVE., ROOM 492 MIAMI FL 33172-2716			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 59-2684373	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MARTINEZ, ISABEL 1455 N.W. 107TH AVE., ROOM 492 MIAMI FL 33172				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	
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 _____ DATE _____ <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PSD MARTINEZ, ISABEL 2101 S.W. 128TH COURT MIAMI FL 33175			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP VD TELLERY, ISABEL 4240 S.W. 138TH COURT MIAMI FL 33175			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP TD SPERRY, BEATRIZ 12009 LANDING WAY COOPER CITY FL 33026			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 for the receiver or trustee empowered to file 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:  02/24/97 (305) 592-7460 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Isabel Martinez PSD Date Daytime Phone #					

CR2E034 (9/96)