FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M47254

TANG'S BAKERY CORPORATION

(1)

Jan 16 1997 8:00am
Secretary of State

EII ED



Principal Place of Business C/O WILFREDO TANG 13425 S.W. 56 ST.		Mailing Address			I IODITOIS 341 DEBIT 19810 ILDAL UNIII BIOL FIEIT DIBIN CIDIT BIOLI TION SIGN		
		C/O WILFREDO TANG 13425 S.W. 56 ST. MIAMI FL 33175-8117					
MIAMI FL 33175-6117					3. Date Incorporated or Qualified		
├ ── `	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 Suite, Apt. #, etc.		26			59-2774545	Not Applica	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Ζιp	Country	Zip	Countr	У	8. This corporation has liability for	ntangible tax under s. 199.032	
24	25	29	30			Yes No	
	9. Name and Address of Co	irrent Registereo Agent	8-	Name	10. Name and Address of New Re	Siereten Wasur	
	NG, WILFREDO		Ľ				
	125 S.W. 56 ST. VMI FL 33175		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
March	UMI FE 30175		8:	1		APPLANT	
			84	City		85 Zip Code	
					rporation submits this statement for the pation's board of directors. I hereby accept		
SIGNATURE	Signature types or a neighbornic of sequen	augh			ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	DP /	☐ DELETE	1.1 TITLE			Change Addi	
NAME	TANG, WILFREDO		1.2 NAME				
STREET ADDRESS	13425 S.W. 56 ST.		1.3 STRE	1 ADDRESS			
CITY-SI-ZIF	MIAMI FL DS	DELETE	1.4 CITY-			Change Addi	
TITLE NAME	TANG, CARIDAD	Detect	2.1 TITLE 2.2 NAME			L_1 Change L_1 Addi	
STREET ADDRESS	13425 S.W. 56 ST.			1 ADDRESS			
CITY-ST 2IP	MIAMI FL		2.4 CITY				
TITLE		DELETE	3.1 TITLE			Change Addi	
NAME			3.2 NAME	: [
STREET ADDRESS			3.3 STRE	T ADDRESS			
CITY-ST ZIP		The eve	3.4. CITY			[] [[] [] [] [] [] [] [] [] [
TITLE		DELETE	4.1 IIILE			Change Addi	
NAME CTRCES ACROSCO			4, 2 NAM				
STREET ADDRESS Offy-St. Zip			4.3 STRE 4.4 CITY	ET ADDRESS			
TITLE	<u></u>	DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Add	
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	T ADDRESS			
CITY-S'-ZIP			5.4 CITY	ST-ZIF			
TITLE		DELETE	6 1 TITLE			Change Add	
NAME			6 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			6.4 CITY	ST-ZIP			

14. To be hereby certify that the information supplied with this thing 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: X WY Y A CONTROLL OF PRINTED NAME OFFICER OR DIRECTOR.

Date Daytime Phone #