

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0218301

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # M91067

1. Corporation Name
CHARITIN BAKERY, INC.

Principal Place of Business
2300 CORAL WAY #200 MIAMI FL 33145

Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **07/18/1988**
- 4. FEI Number: **65-0061842** Applied For Not Applicable
- 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
- 6. Election Campaign Financing: **\$5.00** May Be Added to Fees
- 7. This corporation owes for current year Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business

21. **2300 CORAL WAY**
Suite, Apt #, etc.

22. **SUITE # 200**
City & State

23. **MIAMI FLORIDA**
Zip Country

24. **33145** 25. **U.S.**

2a. Mailing Address

26. **2300 CORAL WAY**
Suite, Apt #, etc.

27. **SUITE # 200**
City & State

28. **MIAMI FLORIDA**
Zip Country

29. **33145** 30. **U.S.**

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY #200 MIAMI FL 33145

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: *[Signature]* **AMADA CANTERA LOPEZ, PRES.** 3/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[] Change [] Addition
NAME	GONZALEZ, LUIS	12 NAME	
STREET ADDRESS	117 N.W. 51ST AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	[] Change [] Addition
TITLE	STD	21 TITLE	[] Change [] Addition
NAME	PEREZ, CLEMENTINO	22 NAME	
STREET ADDRESS	5122 N.W. 2ND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	[] Change [] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	[] Change [] Addition
TITLE		41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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[Handwritten signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 an other like empowered.

SIGNATURE: *[Signature]*
LUIS GONZALEZ, PRES.

3/27/99

CR2E034 (1/198)