

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M91144 (9)

1. Corporation Name

MISS POSTRES BAKERY INC.



Principal Place of Business

Mailing Address

% LEONCIO RODRIGUEZ
6603 WEST 22ND LANE
HIALEAH FL 33016

% LEONCIO RODRIGUEZ
6603 WEST 22ND LANE
HIALEAH FL 33016

3. Date Incorporated or Qualified

07/19/1988

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 275 W 28 STREET

26 275 W 28 28 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
HTALEAH FL

City & State
HTALEAH, FL

Zip

Country

Zip

Country

24 33010

25 DADE

29 33010

30 DADE

4. FEI Number

65-0060528

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

RODRIGUEZ, LEONCIO
6603 W. 22ND LANE
HIALEAH FL 33016-0915

81 Name
JUAN J CHIRINO

82 Street Address (P.O. Box Number is Not Acceptable)
3197 WEST 10 AVENUE

83

84 City
HTALEAH

FL

85 Zip Code
33012

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]

(NOTE: Registered Agent signature required when reinstating)

03/01/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
RODRIGUEZ, MARTA
6603 W. 22ND LANE
HIALEAH FL
RESIGNATION ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
RODRIGUEZ, LEONCIO
6603 W. 22ND LANE
HIALEAH FL
RESIGNATION ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
D/P
GUILLEMO LABRADOR
440 FLAGM BLVD, MIAMI FL 33144
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
D/V/T
JUAN J CHIRINO
3197 W. 10 AVE, HTALEAH, FL 33012
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
D/S
ANA S VAZQUEZ
159 W 12 ST. HTALEAH, FL 33010
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/96

Date

305-884-8541

Daytime Phone #

CR2E034 (12/95)