

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

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May 20 1997 8:00am
Secretary of State

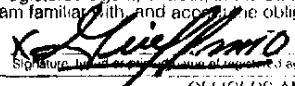
PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # M91144 (9)		
1. Corporation Name MISS POSTRES BAKERY INC.		

Principal Place of Business 275 W 26 STREET HIALEAH FL 33010 US	Mailing Address 275 W 26 STREET HIALEAH FL 33010-1513 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CHIRINO, JUAN J. 3197 WES 10 AVENUE HIALEAH FL 33012		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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.

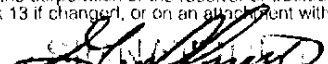
SIGNATURE:  (Not for Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	GUILLERMO, LABRADOR
STREET ADDRESS	440 FLAGAMI BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	DVT
NAME	CHIRINO, JUAN J.
STREET ADDRESS	3197 W 10 AVENUE
CITY-ST-ZIP	HIALEAH FL
TITLE	SD
NAME	VAZQUEZ, ANA S.
STREET ADDRESS	159 W 12 STREET
CITY-ST-ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3. Date Incorporated or Qualified 07/19/1988	3a. Date of Last Report 03/11/1996
4. FLL 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	
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
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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 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:  4 11 97 185 2125

CR2E034 (9/96)