


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

Amended

FILED

01 AUG -6 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| PROFIT CORPORATION ANNUAL REPORT AMENDED |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # 1. Corporation Name | P00000065923 |
| FINEST BAKERY, INC. | |

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| Principal Place of Business | Mailing Address |
| 10815 SW 40 St. Miami, FL. 33165 | 10815 SW 40 St. Miami, FL. 33165 |

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|---|-------------------------------------|
| 3. Date Incorporated or Qualified 07/10/2000 | 3a. Date of Last Report 02/23/01 |
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| 2. Principal Place of Business 10815 SW 40 St. Suite, Apt. #, etc. | 2a. Mailing Address 10815 SW 40 St. Suite, Apt. #, etc. |
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| 4. FEI Number 65-1022856 | Applied For Not Applicable |
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|----------------------------|----------------------------|
| City & State Miami, FL. | City & State Miami, FL. |
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| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
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|--------------|----------------|--------------|----------------|
| Zip 33165 | Country USA | Zip 33165 | Country USA |
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| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 9. Name and Address of Current Registered Agent | | | |
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| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
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| Rene Ansuarez 10815 SW 40 St. Miami, FL. 33165 | | | |
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| 10. Name and Address of New Registered Agent | | | |
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| 81 Name Viera, Rigoberto | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 10815 SW 40 St. | 84 City Miami | 85 Zip Code FL 33165 |
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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.

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| SIGNATURE <i>Rigoberto Viera</i> Signature, typed or printed name of registered agent and title if applicable. | (Rigoberto Viera) (NOTE: Registered Agent signature required when reinstating) | 8/1/2001 DATE |
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| 12. OFFICERS AND DIRECTORS | |
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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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|---|--|
| TITLE NAME D,P,S,T, Ansuarez, Rene | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS P.O. Box 441136 Miami, FL. 33144 | |

| | |
|--|--|
| 1.1 TITLE 1.2 NAME D,P,S,T Viera, Rigoberto | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.3 STREET ADDRESS 8981 SW 60 Terrace Miami, FL. 33173 | |

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| TITLE NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | |

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| 2.1 TITLE 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.3 STREET ADDRESS | |

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| TITLE NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | |

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| 3.1 TITLE 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.3 STREET ADDRESS | |

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| TITLE NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | |

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| 4.1 TITLE 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.3 STREET ADDRESS | |

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| TITLE NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | |

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| 5.1 TITLE 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.3 STREET ADDRESS | |

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| TITLE NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | |

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| 6.1 TITLE 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.3 STREET ADDRESS | |

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.

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| SIGNATURE <i>Rigoberto Viera</i> | 8/1/2001 305-223-4466 |
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CR2E034 (9/96)