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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P92000007143 (0)

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MIA	MI	BAKERY	INC.

Principal Place of Business Mailing Address 835 NW 37TH AVE. 835 NW 37TH AVE. MIAMI FL 33125 MIAMI FL 33125 3. Date Incorporated or Qualified 3a. Date of Last Report 11/24/1992 2. Principal Place of Business 02/23/1995 2a. Mailing Address 4. FEI Number 21 26 65-0370679 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Country Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 9. Name and Address of Current Registered Agent

MARRERO, RIGOBERTO 835 NW 27TH AVENUE **MIAMI FL 33125**

	10. Name and Address of New Registered Agent
81	Name Name
82	Street Address (P.O. Box Number is Not Acceptable)
	io not not placing,
83	a vocacionario
83 84	City 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOT): Registered Applicance (Applicance Applicance)								
12.	OFFICERS AND DIRE	r applicable (NC	OTE: Registered Agent signature re					
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	MARRERO, RIGOBERTO	ר") מנרנונ	1 1 TITLE	☐ Change ☐ Addition				
STREET ADDRESS	835 NW 37TH AVE		1.2 NAME	_ B G House				
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS					
TITLE	D	<u>-</u>	1.4 CITY - ST - ZIP					
NAME	_	☐ DELETE	2. 1 TITLE	Change C Addition				
STREET ADDRESS	MARRERO, OCTAVIO		2.2 NAME	Change Addition				
ŀ	835 NW 37TH AVE		2.3 STREET ADDRESS					
CiTY-ST-ZiP TiTLE	MIAMI FL		24 CITY - ST - ZIP					
NAME		DELETE	3. 1 TITLE					
			3.2 NAME	☐ Change ☐ Addition				
STREET ADDRESS			3.3. STREET ADDRESS					
CHTY-ST-ZIP			3.4 CITY-ST-ZIP					
TITLE		□ DELETE	4 1 TITLE					
NAME			4.2 NAME	☐ Change ☐ Addition				
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			P	·				
TITLE		DELETE	4.4 City - St - ZiP 5. 1 Title					
NAME				☐ Change ☐ Addition				
STREET ADDRESS			5.2 NAME	· ·				
CITY-ST-ZIP			5 3 STREET ADDRESS					
TITLE		DELETE	54 CITY-ST-ZIP					
NAME		C) orreit	6. 1 TITLE	☐ Change ☐ Addition				
STREET ADDRESS			6.2 NAME					
CITY-ST-ZIP			6.3 STREET ADDRESS	j				

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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

anno PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Applied For

Not Applicable