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Jan 31 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 # P93000032394 (7)

1. Corporation Name  
BONAFIDE INTERNATIONAL BAKERY & CAFE CORP.



Principal Place of Business  
1617 NE 163RD STREET  
N MIAMI BEACH FL 33162  
US

Mailing Address  
1617 NE 163RD STREET  
N MIAMI BEACH FL 33162-4730  
US

3. Date Incorporated or Qualified 04/30/1993	3a. Date of Last Report 03/26/1996
4. FEI Number 65-0406043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
GALVEZ, CORAZON C  
1115 N.E. 1 Ct. # A  
APT 207  
HOLLYWOOD FL 33020

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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P GALVEZ, CORAZON C <input type="checkbox"/> DELETE
NAME	1431 S 14 AVE, APT 207
STREET ADDRESS	HOLLYWOOD FL 33020
CITY-ST-ZIP	
TITLE	V GALVEZ, ANGELA V <input type="checkbox"/> DELETE
NAME	1431 S 14 AVE, APT 207
STREET ADDRESS	HOLLYWOOD FL 33020
CITY-ST-ZIP	
TITLE	S GALVEZ, DANIEL A <input type="checkbox"/> DELETE
NAME	1327 N PARK RD
STREET ADDRESS	HOLLYWOOD FL
CITY-ST-ZIP	
TITLE	T CHAVER, LUCIA A <input type="checkbox"/> DELETE
NAME	1649 DEWEY ST, APT 6
STREET ADDRESS	HOLLYWOOD FL 33020
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P GALVEZ, CORAZON C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1115 N.E. 1 Ct. # A
1.3 STREET ADDRESS	Hallandale - FL 33009
1.4 CITY-ST-ZIP	
2.1 TITLE	V GALVEZ, ANGELA V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1115 N.E. 1 Ct. # A
2.3 STREET ADDRESS	Hallandale - FL 33009
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T CHAVER, LUCIA A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1901 N. 35 Ave.
4.3 STREET ADDRESS	Hollywood - FL 33021
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Lucy Chaver 01/15/97 305-949-5113  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)