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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000048059 (8)

MARLINS BAKERY, INC.

incipal Place of Business	Mailing Address
857 N. KENDALL DRIVE AMI FL 33186	12857 N. KENDALL DRIVE MIAMI FL 33186

FILED Jan 30 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			
		12857 N. KENDALL DRIVE	F		
MIAMI FL 331		MIAMI FL 33186	-	DO MOT MOTE IN THIS SPACE	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		07/09/1993 4. FEI Number Applied For	
21		26		65-0511924 Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CR 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & Stat	ė	City & State		6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	28	1 0	Trust Fund Contribution Added to Fees	
	Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible	
24	9, Name and Address of Cur	rent Registered Agent	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
DO.			81 Name	10, Italia dia Namasa ai Itali Inglistata Agair	
	DRIGUEZ, TOMAS 300 S.W. 52 STREET				
	MI FL 33175		82 Street A	Address (P.O. Box Number is Not Acceptable)	
· Mila	AMI LE 20110		83		-
•					
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat ute	es, the above-named	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered	ed
office or r agent. I a	egistered agent, or both, in the St m familiar with, and accopt the ob	ate of Florida. Such change was a digations of, Section 607.0505, Flo	authorized by the corp orida Statutes.	poration's board of directors. I hereby accept the appointment as registered	d
SIGNATURE	·				
- CONTINUE	Signature, typed or printed name of registered		F: Registered Agent signature	required when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
AULTE	PTD	☐ DELETE	1 1 THILE	☐ Change ☐ Addit	tion
NAME	RODRIGUEZ, TOMAS		1.2 NAME		
STREET ADDRESS	14600 S.W. 52ND ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	MIAMI FL 33175 SD	☐ DELE TE	1.4 CITY-ST-ZIP	D. C	
		Dittie.	2.1 TITLE	Change Addit	1001
NAME Street adoress	RODRIGUEZ, MARIA E 14600 S.W. 52ND ST.		2.2 NAME		
	MIAMI FL 33175		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI I C 33179	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addit	ion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET E	4.1 TITLE	Change Addit	ion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Additi	ion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP]
TITLE		DELETE	6.1 TITLE	1000024182@Prhánge Daddili -02/02/9801029033 PE	ion
NAME			6.2 NAME	-02/02/9801029033 PE	ľ
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	

14. Thereby 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 roport 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.

6.4 CITY-ST-ZIP