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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066015 (7)

LA SIN RIVAL BAKERY, INC.

9772 S.W. 81 MIAMI FL 33		9772 S.W. BTH ST. MIAMI FL 33174-2902					
					3. Date Incorporated or Qualified 09/22/1993	3a. Date of L 04/01/19	
·····	Place of Business	2a. Mailing Address	***************************************		4. FEI Number		Applied For
21		26			65-0439029		Not Applicable
Suite Apt 22		Suite, Apt #, etc			5. Certificate of Status Desired		75 Additional se Required
City & Sta	ite	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution	☐ Ad	ded to Fees
Z _i p	Country	Z ₁ ρ	Countr	у	B. This corporation has liability for i		ier s. 199.032,
24	25	29	30			Yes 🔲 No	
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	.GUEIRAS, MANUEL		81	Name			
96	08 S.W. 2ND LANE		82	Street Add	lress (P.O. Box Number is Not Acceptab	vlo)	
ML	AMI FL 33174		02	Street Add	iress (P.O. Box Number is Not Acceptab	ne)	
			83			· · · · · · · · · · · · · · · · · · ·	
				1			
			L	.4			
office or	f to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	⊵o' Florida. Such chango wa	is authorized h	re-named cor	poration submits this statement for the pation's board of directors. I hereby accept	urnose of chang	Zip Code ing its registered it as registered
office or	registered agent, or both, in the State	eof Florida. Such change wa ations of, Section 607.0505,	tutes, the aboves authorized b Florida Statute	re-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptived when reinstates)	urnose of chang	ing its registers
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14. I do hereby certify that the information supplied with this filling 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 comporation 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 attack from with an address

4.4 CITY - ST - ZIP

5.3 STREFT ADDRESS

6.3 STREET ADDRESS

54 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

CITY-ST-20F

STREET ADORESS

STREET ADDRESS.

CITY - ST - 7/F

TITLE

NAME

met

NAME

Maurel Tulgueras SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

1-8-97

PRESIDENT

☐ Change

Change

Addition

Addition

FILED

Jan 16 1997 8:00am

Secretary of State