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95 FEB -3 AM 11:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028024 (5)

1. Corporation Name

SOUTH MIAMI BAKERY INC.

Principal Place of Business

~~2333 PONCE DE LEON BLVD. - 650 -
CORAL GABLES FL~~

Mailing Address

~~2333 PONCE DE LEON BLVD. - 650 -
CORAL GABLES FL~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1994** 3a. Date of Last Report

2. Principal Place of Business

21 **5924 SW 68 ST**

2a. Mailing Address

26 **2720 CORAL WAY**

4. FEI Number **65-0481119**

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

23 **MIAMI, FL**

City & State

27 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country

24 **33143** 25

Zip Country

28 **33145** 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DEL VALLE, IGNACIO G
2333 PONCE DE LEON BLVD., S-650
CORAL GABLES FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D/Chairman of the Brd. |
| NAME | ODRIA, ITALO |
| STREET ADDRESS | 2720 Coral Way, 4th Floor |
| CITY- ST- ZIP | Miami, FL 33145 |
| TITLE | D/P/T/S |
| NAME | Del Rosal, Jorge Luis, Jr. |
| STREET ADDRESS | 2720 Coral Way, 4th Floor |
| CITY- ST- ZIP | Miami, FL 33145 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY- ST- ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY- ST- ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY- ST- ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY- ST- ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY- ST- ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY- ST- ZIP | |

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 199.02(3)(b), 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 chosen as an officer or director.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

JORGE L. DEL ROSAL JR.

1/25/95 (205) 443-3052