

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000028024 (5)
1. Corporation Name:

SOUTH MIAMI BAKERY INC.



Principal Place of Business: **5924 SW 68TH ST. MIAMI FL 33143**
Mailing Address: **2720 CORAL WAY FOURTH FLOOR MIAMI FL 33145**

3. Date Incorporated or Qualified: **04/07/1994**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **65-0481119**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

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

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 of Registered Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS		
TITLE	DCOB	<input checked="" type="checkbox"/> DELETE
NAME	ODRIA, ITALO	
STREET ADDRESS	2720 CORAL WAY 4TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33145	
TITLE	DPTS	<input type="checkbox"/> DELETE
NAME	DEL ROSAL, JORGE LUIS, JR.	
STREET ADDRESS	2720 CORAL WAY, 4TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D ALBERNI, JOSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	2720 CORAL WAY, 4TH FLOOR	
13 STREET ADDRESS	MIAMI FL 33145	
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 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplement, if 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose G. Alberni* **JOSE G. ALBERNI** 8/1/96 (301) 443-3052

CR2E034 (3/96)