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**May 07 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 # P94000028024 (5)

1. Corporation Name
SOUTH MIAMI BAKERY INC.



Principal Place of Business
**5824 SW 68TH ST.
MIAMI FL 33143**

Mailing Address
**2720 CORAL WAY
FOURTH FLOOR
MIAMI FL 33145-3202**

3. Date Incorporated or Qualified **04/07/1994** 3a. Date of Last Report **06/06/1996**

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26. Mailing Address Suite, Apt. #, etc. City & State Zip	27. Mailing Address Suite, Apt. #, etc. City & State Zip	28. Mailing Address Suite, Apt. #, etc. City & State Zip	29. Mailing Address Suite, Apt. #, etc. City & State Zip	30. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 65-0481119	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBERNI, JOSE 2720 CORAL WAY 4TH FLOOR MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D ALBERNI JOSE 801 HARBOR DR KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS DEL ROSAL, JORGE LUIS, JR. 2720 CORAL WAY, 4TH FLOOR MIAMI FL 33145 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DPTS DEL ROSAL JORGE LUIS JR 9400 OLD CUTLER RD CORAL GABLES FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOSE ALBERNI** Date: **4/28/97** Daytime Phone #: **305 3615221**

CR2E034 (9/96)