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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077257 (1)

CARLO BAKERY, INC.

FILED Apr 01 1997 8:00am Secretary of State



1242 CORAL WAY MIAMI FL 33129			1242 CORAL WAY MIAMI FL 30145-2008								
US		ÜS					3. Date Incorporated or Qualified   3a. Date of Last Report   10/20/1994   04/02/1996				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		<del></del>	Ar Ar	oplied For
21		26	26				65-0532146			No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Certificate of Status	Desired	S8.75 Additional Fee Required		
City & State	e		City & State	*****			Election Campaign F     Trust Fund Contribut	-		\$5.00 Added	May Be to Fees
Ζφ	Gountry		<sup>Zip</sup> 33129	30 Co.	untry		8. This corporation has Florida Statutes	liability for i	,		
24	25 9. Name and Address of Curre	29 ent Registe		30	ι		10. Name and Address				
DEC	ASTRO, LUIS I.				81 Nam	e /,	IS AGRAHUN		Z	<del></del>	
1025	50 MILLER DR A101				82 Stree		s (P.Q. Box Number is N		le)		
MIAI	MI FL 33165	_			83						
			1		Sc	IITE	2077			······································	. <del></del>
	1	$\cap$ $\vee$			84 City	HID	1) [		FL	85 30	130
11 Pursuant	to the provisions of Sections 67,05	02 av 0 60	7. 1606 Florida Stat	tutes, the a	lL bove-name	ed corpor	ation submits this statem	ent for the p		hanging i	ts registered
office or r	to the provisions of Sections 677.05 registered agent, or both, in the Sat am familiar with, and accept the oblig	o o Fyoria	ans the charge was	s authorize	d by the co	orporatio	n's board of directors. I h	ereby accer	of the appoi	intment as	registered
agentra	an janinar with, and accept in obil		11111	ribilda Sia	lutes.				0 112	197	
SIGNATURE	Signature, typical or printed national register 4 /	MA	applicable (N	OTE Registere	d Agent signal	lure required	when reinstating)		DALE	/47	
12.		ND DIREC	<i></i>	13.			ADDITIONS/CHANGE	S TO OFFIC			RS IN 12
TITLE	D	-t	☐ DELETE	1.1 1	ITLE	D, P, S	)/T	C 1 (0 1 )		Change	Addition
NAME	CARRACEDO, JUAN C			1.21	IAME	CAI	OR ACEOD, JULIU	CARLOS	ı		
STREET ADORESS	% 14046 SW 55TH ST			1.3 9	TREET ADDRES	s 124	2 CORAL WAY				
CITY-ST ZIP	MIAMI FL 33175			1.4 (	ITY-ST-ZIP	unk	ul, FL 33129				
TOLE	D		DELETE	2.1 1			11. 1 4 6 4 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14		7	Change	Addition
NAME	AGUDELO, BETTY			2.2	IAME						
STREET ADDRESS	14046 SW 55TH ST			2.3 9	TREET ADDRES	is					
CITY-ST-ZIP	MIAMI FL			1	CITY - ST - ZIP						
HILF	1772 2177 2		DELETE	311						Change	Addition
NAME			<b>C.</b>		LAME						
STREET ADDRESS					STREET ADDRES	25					
1					CITY-ST-ZIP	~					
TITLE			DELETE		ITLE					Change	Addition
			the second		NAME				-		
NAME				I -	name Street addres	·e					
STREET ADDRESS				1		50 J					
CHY-ST-ZIP			DELETE	5.1	CITY-ST-ZIP	<del></del> -				Change	☐ Addition
TITLE			L_ DECEME							y0	
NAME					NAME						
STREET ACCRESS				1	STREET ADDRES	55					
City-ST-ZIP			- December		CITY-ST-ZIP					Change	Addition
TITLE			DELETE		TITLE					change	C ADDITION
NAME					NAME						
STREET ADORESS	†			6.3	STREET ADDRES	SS					
CHY-\$1-2#	<u> </u>			6.4	CITY-ST-ZIP						

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 of the 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 attacking units in address.

**SIGNATURE:**