

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 20 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001518982
-06/21/95-01033-011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000080585 (0)

1. Corporation Name

C & M BAKERY EQUIPMENT COMPANY

Principal Place of Business

1820 SW 63RD AVE
WEST MIAMI FL 33155

Mailing Address

1820 SW 63RD AVE
WEST MIAMI FL 33155

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

4. FBI Number

65-0569150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GUSO, JORDI ESQ
150 W FLAGLER ST
SUITE 2101
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

GUSO, JORDI ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

5760 S.W. 30 ST.

83

84 City

Miami

FL

85 Zip Code

33155

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

(Print or printed name of registered agent and title if applicable)

(If 11. Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUSO, CANDIDO
STREET ADDRESS	1820 SW 63RD AVE
CITY ST ZIP	WEST MIAMI FL 33155
TITLE	DVTS
NAME	GUSO, MARTHA
STREET ADDRESS	1820 SW 63RD AVE
CITY ST ZIP	WEST MIAMI FL 33155
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 liquidator empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

PRESIDENT 6/20/95

Date

(Signature 15 x 4)