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

, PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000017717 (6)

LORENZO'S BAKERY, INC.

Principal Place of Business Mailing Address

12759 BIRD ROAD MIAMI FL 33175

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE: _

21

22

12759 BIRD ROAD MIAMI FL 33175

2a. Mailing Address

Suite, Apt. #, etc.

26

27

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

96 OCT 21 PN 3: 10

SECRETARY OF STATE
TALLAM SAFETY OF STATE

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

65~0561705

5. Certificate of Status Desired

02/27/1995

4. FEI Number

23	9		City & State					}	6. Election (00 May B		
Zip	· 1			Zip		Country					d Contrib				ed to Fees	
24	Country 25			29	30				ŀ	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent																
		811					81	Name							.,,,,,,	
ESPINO		82 Street Address (P.O. Box Number is Not Acceptable)														
î 12759 E					_	<u> </u>										
, MAMI F			83													
		//					84	City	 -		-			. 85 Z	no Code	
11 Purouson		15005000	07.0500	1007 (500 5						***			F		•	
Or registere	11. Pursuant terrie previsions 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. Jobh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															office
COLLETION	п, апо ассері	the obligations	or, Section t	507.0505, Fiori	da Statutes.						-		1/20	1/11.		
SIGNATURE _	Signature, typed or printed name of registered agent and their applicable. (NOTE: Bookstered Agent and other inspectation).															
12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RS AND DI			13.	- 4907 (- Dig Rote Ditte	I CONTRACTOR		S/CHANG	SES TO OF	FICERS A	ND DIRECTO	DRS IN 12	ફ
TITLE	D Espinosa, Denis 12759 Bird Road				DELETE	1, 1 7	TLE		D/	ADDITIONS/CHANGES TO OFFICERS AND DIF		X Change	Addit	OR2E034 (12/95)		
* NAME						1.2 N	ME	-	- '	CQq-					4	
STREET ADDRESS						1.3 \$	REET A	ADDRESS							8	
CITY-ST-ZIP	MIAMI FI	L 33175				1.4 CF	TY-ST	-ZIP				٠ .				Z I
TITLE	D				DELETE	2 1 T	TLE			m' Jein	1 8.	o1∑31°	34	Change	☐ Addit	ion ර්
NAME		, aguedo l				2.2 NA	ME			m	עכק :	1	red!		_	
STREET ADDRESS		ird road				2.3 \$1	REET A	ADDRESS		^ -	tate	Work	D			
CITY-ST-ZIP	MIAMI FL	L 33175				2 4 CI	TY-ST	- ZIP		Neir		ω_{CU}	New?			
TITLE					ELETE	3, 1 T)	TLE				$\mathcal{P}_{\mathcal{D}_{n}}$			Change	☐ Addit	ion
NAME						32 NA	ME	-			•					- [
STREET ADDRESS						3 3. 51	REET A	address		1	COCO	7074	907	20-1-1		-,
CITY-ST-ZIP						3.4 DIT	Y-ST-	- ZIP		1		ปฏิ/วัต	796	ບານຕວ່ວ	-021	-"
TITLE					ELETE	4.170	TLE					****	ກຄັກຄ	7511	7 7	on
NAME						4.2 NA	ME						00.00		.00.00	
STREET ADDRESS						4.3 STI	REET A	DORESS								- 1
CITY-ST-ZIP					ti rir	4.4 CIT		- ZIP								
NAME				Πn	ELETE	5. 1 11		1						Change	Additi	on
1 1						5.2 NA		- 1								
STREET ADDRESS								DDRESS								
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		F3.0	F) FTF	5.4 CIT		ZIP								
NAME					EFELE	6. 1 717								Change	Additi Additi	on
STREET ADDRESS						6.2 NAI										
CITY-ST-ZIP					78			DDRESS								
14. I do hereby	certify that the	e information su	oplied with t	his filing to val	nto in turnish	6.4 DIT	Y-S7-	ZIP not cualif	fu for the	nunmatias -	tatad :- ^		02/01/15	nii in maria a		
14. I do hereby certify that to oath; that I a appears in E	he information	n indicated on th	is annual	eg tor supple	ental annual	report is	true	and accu	iy ior (ne jurate an	d that my sig	iated in S nature sha	ection 119 all have the	1.07(3)(k), F same lea	-iorida Statut al effect as if	es. I further made und	er
appears in E	Block 12 or Bl	lock 13 if change	90, or of an	attagnment vi	i or trustee er th an address	npowere	o to	execute 1	this rep	ort as require	d by Chap	oter 607, F	lorida State	utes; and tha	t my name	•