

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000039850 (9)**

1. Corporation Name
ESPANA BAKERY INC.



Principal Place of Business: **5625 S.W. 107TH AVE. MIAMI FL 33173**
Mailing Address: **5625 S.W. 107TH AVE. MIAMI FL 33173**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1995	3a. Date of Last Report 1st REPORT
21		26	13800 SW 8th ST.	4. FEI Number 650609025	Applied For <input type="checkbox"/>
	Suite, Apt. #, etc.		Suite, Apt. #, etc. # 145	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	City & State	28	City & State MIAMI FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	29	Zip 33184	30	Country U.S.

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANTELO, ERNESTO SR. 13200 S.W. 12TH ST. MIAMI FL 33184				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTELO, ERNESTO SR.		1.2 NAME		
STREET ADDRESS	13200 S.W. 12TH ST.		1.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33184		1.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTELO, BERTA		2.2 NAME		
STREET ADDRESS	13200 S.W. 12TH ST.		2.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33184		2.4 CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTELO, ERNESTO JR.		3.2 NAME		
STREET ADDRESS	1601 S.W. 3RD ST., #108		3.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33135		3.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			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)(k), 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 of change form or on an attachment with an address.

SIGNATURE: *Ernesto Antelo Sr.* **ERNESTO ANTELO Sr.** Date: **2/23/95** (305) 275-8618

CR2E034 (12/95)