


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

FILED  
May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 195000052990 (5)</b> 1. Corporation Name <b>My Idea Original Cakes, Inc</b>			
Principal Place of Business <b>13001 NW 42nd Ave</b> <b>Miami, FL 33054</b>		Mailing Address <b>13001 NW 42nd Ave</b> <b>Miami, FL 33054</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt #, etc.	26. Suite, Apt #, etc.	7/06/1995	March 9, 1997
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	65-0607562	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CATEL, Robert P</b> <b>13001 NW 42nd Ave</b> <b>Miami, FL 33054</b>		<b>FL</b>	
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 re-registering) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
RD	CATEL, Robert P		
STREET ADDRESS	13001 NW 42nd Ave	1.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33054	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
ST	ERICKSON, Robert		
STREET ADDRESS	13001 NW 42nd Ave	2.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33054	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY - ST - ZIP	
14. I 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.		<b>300002180833</b> <b>-05/16/97--01019--007</b> <b>***165.00</b> <b>05/7/97</b>	
SIGNATURE: <b>Robert P. Cate</b>		<b>4/15/97</b> <b>305 681-8745</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E034 (9/96)