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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90164 022 ***150.00

DOCUMENT # P95000053645 1. Corporation Name INTERNATIONAL BAKERY OF MIAMI, INC. Mailing Address Principal Place of Business 8332 SW 161 PL 8332 SW 161 PL MIAMI FL 33193 MIAMI FL 33193 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/05/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0646102 No: Applicable 26 21 \$8.75 Additional Suite, # pt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & Sitate Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SUAREZ, ROSASIO Street Address (P.O. Bo Number is Not Acceptable) 8332 SW 161 PL MIAMI FL 33193 83 84 85 Zip Code City 11. Pursuant to the provisions of Sections 607.050.2 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. DATE Signature, typed or printed n ime of registered ager t and title if applicable CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE SUAREZ, EDGARDO 12 NAME NAME 8332 SW 161 PL 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33193** 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change STD ☐ DELETE 21 TITLE TITLE SUAREZ, ROSARIO 2.2 NAME NAME 8332 SW 161 PL 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33193** 2. 4 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP (T) Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 61 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered

SIGNATURE FOR A PONT SU A PER OF SIGNING OFFICER OR DIRECTOR

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