Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90059 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500063089

1. Corporation Name

A & D MANILA BAKERY, INC.

Principal P ac	e of Business	Mailing Address				
7628-2 103RD ST Jacksonville FL 32210		7628-2 103RD ST JACKSONVILLE FL 32210			DO NOT WRITE IN T	-IS SPACE
					3. Date Incorporated or Qualifed 08/15/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr lied For
1		26			59-3331409	Not Applicable
Suite, Ant.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Recuired
City & Stat	re	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip 29	Coun	itry	This corporation owes the current year Personal Property Tax.	Intangible Yes No
<u> </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent
				81 Name		
CONRADO CATBAGAN 7628-2 103RD ST.			ļ	82 Street Acd	ress (P.O. Box Number is Not Acceptable)	
JAC	KSONVILLE FL 32210		į	83		
				84 City	F	EL 85 Zip Code
office or r	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen	or Florida. Such change was tions of, Section 607.0505, Fl	autnorized kirida Statu	DA (UE COLDOLS II	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the ap	
12.		E DIRECTORS	13.	<u> </u>	ADDITIC NS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITI	.E		☐ Change ☐ Addition
NAME	CONRADO CATBAGAN		1.2 NA	w/E		
STREET ADDRESS	7628-2 103RD ST		1.3 STF	REET ADDRESS		
CITY-ST-ZIP	NOTO THE PARTY OF			Y-ST-ZIP		Change Addition
TITLE	— — — — — — — — — — — — — — — — — — —		2.1 TITI			
NAME	DELING CATBAGAN		2.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL.	☐ DELETE	3.1 TITI			☐ Change ☐ Addition
NAME	CATBAGAN, DELING		3.2 NA	WE		
STREET ADDRESS			3 3 STF	REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TIT	LE		Change Addition
NAME			4 2 NA	ME		
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5,1 T(T) 5,2 NA/			☐ Griange ☐ Addition
NAME			1	REET ADDRESS		
STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP		□ nelete	6.1 TIT			Change Addition

14. 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 or ritify that the information indicated on this annual report or supplemental a nual 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 e cecute this report as required by Chapter 607, Florida Statutes; and that my name appeals in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP