2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000088191 Secre

FILED
May 13, 2002 8:00 am
Secretary of State

Principal Piper of Business 1199 NW, ARD ARME 139 XM, ARME 130 XM, ARME 130 XM, ARME 1	1. Entity Nan VILLA ES	PANOLA BAKERY, INCORPO	DRATED				05-13-20	02 90107 0			
Sures, Ap. II., etc. Sures, Ap. II., etc. Sures, Ap. II., etc. Sures, Ap. II., etc. City & State City & State	1199 N.W. 42	ND AVENUE	1199 N.W. 42ND AVENUE	199 N.W. 42ND AVENUE					ر مستر د		
Sures, Ap. II., etc. Sures, Ap. II., etc. Sures, Ap. II., etc. Sures, Ap. II., etc. City & State City & State			. 4								
City & State Ci	2. Principal F	Place of Business	3. Mailing Address						19101 1910) 11010	illilli ilki illili	
Zip Country Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Certificate of Status Desired	City & Stat	e	City & State			4. 1	65-166 (422)				
AUVAREZ, PEDRO R SR 1199 N.W. 42ND AVENUE MIAMI FL 33126 B. The above named entity surprise this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity surprise this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. Trijs corporation is eligible to sately its intangible Tax filing requirement and reloads to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE ALVAREZ PEDRO R SR 1/30 S.W. 99TH ST. WIAMI FL 33186 10. STORT ADDRESS 50.0 May Be and the function of the function of the state of Florida. 10. Election Campaign Financing and addition of the function of the	Zip	Country	Zip	Country			5. Certificate of Status Desired S8.75 Additional				
ADELIANO TEXTERS BRAZAO Street Address (PC Box Number is Not Acceptable): 1199 N.W. 42ND AVENUE MIAMIF I. 33126 Title		6. Name and Address of Current R	egistered Agent			7. 1	7. Name and Address of New Registered Agent				
8. The above named entity sydyright his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE	1199 N.W. 42ND AVENUE				ADELINO TEIXEIRA BRAZAO Street Address (P.O. Box Number is Not Acceptable) 1199 N.W. 42nd Avenue Miami, FI, 331.26 City FI Zip Code						
TILE PD ALVAREZ, PEDRO R SR STREET ADDRESS CITY-ST-ZIP TILE STD ALVAREZ, HILDA P STREET ADDRESS CITY-ST-ZIP TILE STD Delete TILE STD ALVAREZ, HILDA P STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP STREET A	SIGNATURE . 9. This corporate filing in the second	Signature. Typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	file if applicable. (NOTE FILE NOW!! After May 1, 200	: Registered /	Agent signatur S \$150.0	e required when re 0 60,00	instating) 10. Election Campaigr	04-23-02 DATE	\$5.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY	11	OFFICERS AND D					DITIONS/CHANGES TO	TELCERS AND	DIRECTORS	S IN 11	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ALVAREZ, PEDRO JR 500 BAY VIEW DRIVE, #1419	Delete	NAME STREET		Mari 5838	a I. Brazao Collins Ave.	No. 4-E	欢 ^{chahge} 3. Miami		
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13. 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 report or supplemental 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 constraint	NAME STREET ADDRESS CITY-ST-ZIP		, 1	NAME STREET CITY-S	T-ZIP						

indicated on this report or supplemental 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 truetes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Alvarez, Director

04-23-02

Daytime Phone #