


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

FILED  
May 15 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000008677 (2)</b> 1. Corporation Name <b>SOUTH FLORIDA BAKERY, INC.</b>					
Principal Place of Business <del>11990 S.W. 26TH STREET</del> <del>MIAMI FL 33165</del>			Mailing Address <b>11390 S.W. 26TH STREET</b> <b>MIAMI FL 33165</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>14109 SW 144 STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33166</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>USA</b>		3. Date Incorporated or Qualified <b>01/26/1996</b> 4. FEI Number <b>65-0642086</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MOLINA, JOAQUIN G ESQ.</b> <b>10140 S.W. 40TH STREET</b> <b>MIAMI FL 33165</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL 33165-2256</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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERNARDO, CARMEN</b>		1.2 NAME		
STREET ADDRESS	<b>11390 S.W. 26TH STREET</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33165</b>		1.4 CITY-ST-ZIP	<b>MIAMI, FL 33165-2256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERNARDO, RICARDO</b>		2.2 NAME		
STREET ADDRESS	<b>11390 S.W. 26TH STREET</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33165</b>		2.4 CITY-ST-ZIP	<b>MIAMI, FL 33165-2256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERNARDO, R J</b>		3.2 NAME		
STREET ADDRESS	<b>2401 COLLINS AVE.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERNARDO, LOURDES</b>		4.2 NAME		
STREET ADDRESS	<b>100 LINCOLN ROAD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>		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 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.

SIGNATURE: *[Signature]* **BERNARDO** 2/20/98 (305) 256-1777

CR2E034 (10/97)