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Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058108 (7)

1. Corporation Name:
PANE-CALDO BAKERIES, INC.

Principal Place of Business
222 LAKEVIEW AVE SUITE 260
WEST PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVE SUITE 260
WEST PALM BEACH FL 33401-6147



3. Date Incorporated or Qualified 07/10/1996
3a. Date of Last Report

4. FEI Number X 65-0683622
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KOEPEL, JOEL P
222 LAKEVIEW AVE SUITE 260
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KOEPEL, JOEL P
STREET ADDRESS 222 LAKEVIEW AVE SUITE 260
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE maurizio Ciminella VP/DA Change ☐ Addition
1.2 NAME 350 S. County Road
1.3 STREET ADDRESS Palm Beach, FL 33480
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE VP
2.2 NAME Howard Gills
2.3 STREET ADDRESS 195 Via Del Mar
2.4 CITY-ST-ZIP Palm Beach, Florida 33480 ☐ Change ☒ Addition

3.1 TITLE VP/S
3.2 NAME Glen Manfra
3.3 STREET ADDRESS 115 Dunes Edge Rd
3.4 CITY-ST-ZIP Jupiter, FL 33477 ☐ Change ☒ Addition

4.1 TITLE Sidney Kimmel D
4.2 NAME 290 Via Bellaria
4.3 STREET ADDRESS Palm Beach, FL 33480 ☐ Change ☒ Addition
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/97 501.833.9909

CR2E034 (9/96)