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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600063708 (7)

HAVANA BAKERY, INC.

Principal Place of Business

Mailing Address

FILED Aug 26 1997 8:00am Secretary of State



5720 NW 111TH HIALEAH FL 930		5720 NW 111TH ST. HIALEAH FL 33012-2570			
				3. Date Incorporated or Qualified 07/30/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 560			111 Street	65-068900	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Flequired
City & State	ah, Florida	City & State 28 Hialeah	 + L	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3301		29 33012 3	Country U·S·A.		Yes 🔼 No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent
3732	GS, INC. NW 16TH ST. AUDERDALE FL 33311		82 Street Addi 5	AULING DIAZ ess (P.O. Box Number is Not Acceptab 720 NW III Sfr	ect
			84 City	aleah	FL 85 Zip Code 33012
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida, Such change was aut ons of, Section 607,0505, Florid	the above-named corporation	poration submits this statement for the place of the plac	purpose of changing its registered
	Signature, typed or printed name of roo leads agent		logistered Agent signature requi	PESIDENT 8 red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	DIAZ, PAULINO	□ nettie	1.1 TITLE		☐ ruange ☐ Addition
NAME OTOSET ADDRESO	5720 NW 111TH ST.		1.2 NAME		
STREET ADDRESS	HIALEAH FL 33012		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	THE COURT	DELETE	1.4 C(TY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME	•	1.
STREET ADDRESS		,	2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CiTY-S1-ZiP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST- ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
information I am an of	n indicated on this annual report or sur	oplemental annual report is true le receiver or trustee empower	e and accurate and that ad to execute this repor	d in Section 119.07(3)(i). Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	I effect as if made under eath; that