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

**PROFIT** CORPORATION **ANNUAL REPORT** 



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**FILED** Aug 28 1997 8:00am Secretary of State

1997

DOCUMENT # P96000082132

LA CASA DEL PAN INTERNATIONAL BAKERY CORPORAT 2349-2351 W. 52 STREET HIALEAH, FLORIDA 33016				TION TACLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address					
2349-2351 W. 52 STREET					
HIALEAH, FLORIDA 33016					
HIADEAN, FLORIDA 3	3016				
				3. Date Incorporated or Qua	alified 3a. Date of Last Report
Principal Place of Business     2a. Mailing Address				10/4/96 4. FEI Number	
26				65-0764404	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.				05-0704404	Not Applicable \$8.75 Additional
27				5. Certificate of Status Desir	ed Fee Required
City & State City & State				6. Election Campaign Finan	
28				Trust Fund Contribution	Added to Fees
Zip Country	Zip	Cou	ntry	8. This corporation has liable	lity for intangible tax under s. 199.032,
2425	29	30		Florida Statutes	Yes 🔼 No
9. Name and Address of Cu	rrent Registered Agent		ad at	10. Name and Address of N	lew Registered Agent
		ļ	Name SCO	TT E. TILLEM	
			1821 Street Address (P.O. Box Number is Not Acceptable)		
		-	10 I	FAIRWAY DRIVE S	SUITE 219
			83		
		ŀ	84 City		85 Zip Code
11 Durawal to the provider of Santiana COZ	0500 and 507 4500 Fig. do 64-14		DEEI	RFIELD BEACH	FL 85 Zip Code 33441
<ol> <li>Pursuant to the provisions of Sections 607 office or registered thent, or both, in the Sagent. I am familial with, and accept the o</li> </ol>	tate of Florida, Such change was a	ies, me ac authorized	iove-named cor I by the corpora	rporation submits this statement to ation's board of directors. I hereby	or the purpose of changing its registered accept the appointment as registered
SIGNATURE Signal State Operate Jame of registere	d agent and little if applicable (NOI	T e	. TILL	رن المراقع ال	8/1/97
	AND DIRECTORS	13.	Agent signative requ		OFFICERS AND DIRECTORS IN 12
TITLE Pres/Treas	DELETE	1.1 1/1	LE.		Change Addition
NAME MEIBE URREA		1.2 NA	ME		
STREET ADDRESS 9581 Fontainebleau Blvd #105		1.3 \$1	REET ADDRESS		E
CITY-ST-ZIP Miami, F1 3317		1.4 CIT	Y-ST-ZIP		
IIILE	DELETE	2.1 TiT	LΕ		Change Addition
NAME VP/Secy		2.2 NA	ME		
STREET ADDRESS PABLO E. MARMOLEJO		2.3 STI	REET ADDRESS	ຂດກຕັ້	022812452
CITY-ST-ZIP 2349-2351 W. 52 St		2 4 CI	IY-ST-ZIP	-u	8/53/3(0108500)
Hialeah, Fl 330	D16 DELETE	3.1 1)1	LC	₽:	***558.75 <u></u>
NAME		3.2 NA			
STREET ADDRESS		3.3 STI	IEET ADDRESS		
CITY-ST-ZIP	- Driett	_	TY - ST - ZIP		
tj.e	☐ DELETE	4 1 1 7	i		☐ Change ☐ Addition
NAME		4 2 NA			1
STREET ADDRESS			REFT ADDRESS		
CITY-ST-ZIP	DELETE	_	Y-ST-ZIP		
TITLE		51 7171 6 2 N M			☐ Change ☐ Addition
NAME STREET ADDRESS		5.2 NAI			İ
STREET ADDRESS			EFT ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 CII	Y-ST-7IP		TA COMMAN DAMES
NAME		6.2 NAI	1		Critenge L. Addition
STREET ADDRESS			EET ADDRESS		
CITY-SI-ZIP		1	Y-S1.ZIP		('\)
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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 employered 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 address.