


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000082132**  
1. Corporation Name  
**LA CASA DEL PAN INTERNATIONAL BAKERY CORPORATION**

Principal Place of Business  
**2349-2351 W. 52ND STREET  
HIALEAH FL 33016**

Mailing Address  
**2349-2351 W. 52ND STREET  
HIALEAH FL 33016**

FILED  
99 AUG 17 PM 3: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/04/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0764404</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TILLEM, SCOTT E  
10 FAIRWAY DRIVE  
SUITE 219  
DEERFIELD BEACH FL 33441**

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, 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>PT</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARMOLEJO, PABLO E</b>	12 NAME	
STREET ADDRESS	<b>2349-2351 W. 52ND STREET</b>	13 STREET ADDRESS	<b>000002970360--0</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	14 CITY-ST-ZIP	<b>-08/25/99--01098--023</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<b>****158.75 ****158.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 **Pablo E Marmolejo**

**8/10/99 (305) 819 03 25**

0125961

CR2E034 (5/99)

SP

Miami. 8/3/1999

Reference

Name La Casa del Pan International  
2349-2351 West 52nd Street  
Hialeah FL 33016  
ID - 65-0764404

To whom it may concern

I Maria Mercedes Latino Mother  
of Pablo Mormolejo

I want excuse for no send returned  
the Annual Report Corporation on time, the  
problem was my son president of corporation  
is in jail for personal problems

he can't take care about all paper  
in relation what the state.

The person was management, he don't  
know about this report, my ethic, that  
was the reason, the time was over until  
we recib the second notice.

Now is imposible for me paid this  
penalty, I had paid the regular price  
150<sup>00</sup> for Annual fee.

I would like excuse me the  
penalty rate, and frome nex year I take  
care about it

Thank  
Maria Mercedes Latino.