FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 06 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 # P96000094890 (6)

1. Corporation Name

AMARILYS BAKERY CORP.

Principal Place of Business	Mailing Address
12795 SW BIRD RD. MIAMI FL	12795 SW BIRD RD. MIAMI FL 33175-3401

3. Date Incorporated or Qualified	**3a.** Date of Last Report
11/20/1996	

2. Principal Place of Business	**2a.** Mailing Address	**4.** FEI Number 65-0709417	Applied For / Not Applicable
21	26	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
FERNANDEZ, CARLOS L 9485 SUNSET DRIVER, STE. A204 MIAMI FL 33173	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		DELETE	**13.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	BOVER, ENRIQUE		1.2 NAME			
STREET ADDRESS	4240 SW 133RD CT.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP			
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	BOVER, GRISEL		2.2 NAME			
STREET ADDRESS	4240 SW 133RD CT.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP			
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	SOSA, MIGDALINA		3.2 NAME			
STREET ADDRESS	4240 SW 133RD CT.		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		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-ZIP			
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			

CR2E034 (9/96)

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: _GRISEL GARCIA_   1/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #