

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000094890 (6)**

1. Corporation Name
AMARILYS BAKERY CORP.

Principal Place of Business
**12795 SW BIRD RD.
MIAMI FL**

Mailing Address
**12795 SW BIRD RD.
MIAMI FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent FERNANDEZ, CARLOS L 9485 SUNSET DRIVER, STE. A204 MIAMI FL 33173				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
85. State				86. City	
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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	4240 SW 133RD CT.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33175	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
STREET ADDRESS	4240 SW 133RD CT.	3.1 TITLE	3.2 NAME
CITY - ST - ZIP	MIAMI FL 33175	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	4240 SW 133RD CT.	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33175	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	4240 SW 133RD CT.	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	MIAMI FL 33175	6.3 STREET ADDRESS	6.4 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 registered agent 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

X E. B. Bover

CR2E034 (10/97)