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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000036747 1. Corporation Name

LE ROYAL BAKERY, INC.

Principal Place of Business 941 WASHINGTON AVENUE

2. Principal Place of Business سې پيونځو پريمېد د د

MIAMI BEACH FL 33139

Mailing Address

2a. Mailing Address

941 WASHINGTON AVENUE MIAMI BEACH FL 33139

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90288 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/24/1997

65-0749323

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	ſ
22		27				Fee Re	quired
		City & State	k State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe		
?3}	Country	Zip Country			 		01563
Zip	_ `	├ ─ `	30		8. This corporation owes the current year Personal Property Tax.	T] Yes	S (0)
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register		
	3. Maine and Address of Current	Kegistered Agent	81	Name	10. Maille and Addies of New Negister	-u rigoin	
VIVIES, PATRICK 700 E. DANIA BEACH BLVD., #202 DANIA FL 33004				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
				Street Addr	ress (P.O. Box Number is Not Acceptable)		
							
				' }			ì
				City	F	85 Zip (Code
44 5	- 1 0 - 1 0 - 1 0 0 0 0 0 0 0 0 0 0 0 0	and 607 1500. Florido Statutos	the show	no named corn	oration submits this statement for the purpose		registered
office or r	egistered agent, or both, in the State of mailting from familiar with, and accept the obligation	i Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE						:	
	Signature, typed or printed name of registered agent a			nt signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE 1.11				Change	Addition
NAME	VEDEC, I AOOAL		1.2 NAME	NAME			\ \
STREET ADDRESS	5545 COLLINS AVENUE, #1201		1.3 STREE	TADDRESS			[
CITY-ST-ZIP	MIAMI BEACH FL 33312		1.4 CITY-S	ST-ZIP			
TITLÉ	DELETE		2.1 TITLE			☐ Change	Addition
NAME	VEDEL, DIDIER		2.2 NAME	1			
STREET ADDRESS	-5545 COLLINS AVENUE; #1201		2.3 STREE	T ADDRESS :	and the second s	-	
CITY-ST-ZIP	MIAMI BEACH FL 33312		2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE		,	Change	Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREE	T ADORESS		:	}
CITY-ST-ZIP	:		3,4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	_			{
STREET ADDRESS	·	•	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	•	•	4.4 CITY-8	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		•	•	
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP	•		5.4 CITY-S	ST-ZIP			}
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				}
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP	·		6.4 CITY-5	1			ļ
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation
indicated	on this annual report or supplemental a	innual report is true and accura	ate and the	at my signature	shall have the same legal effect as if made u	inder oath; that	l 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, with all other like empowered.

SIGNATURE:

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Applied For

Not Applicable