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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P97000 IO BAKERY, INC.	043544 (0)		
Principal Place of Business Mailing Address					T 10071004 110 (011) (001) BRILL OBINE OBINE ORIGINAL SIGNE BUILD BRILL BIRL BIRL
12855 S.W. 136 AVENUE SUITE 223 MIAMI FL 33186		12855 S.W. 136 AVENUE Suite 223 Miami Fl 33186			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1997
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number (Applied For
21		26			65-0824662 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		Cata & State			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the current year Inlangible
24	9. Name and Address of Current	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		Hegistereo Agent		Name	······································
	RTHOLE, PAUL A				
12855 S.W. 136 AVENUE SUITE 213			8:	2 Street	at Address (P.O. Box Number is Not Acceptable)
	MI FL 33186		8:	3	
٠			8	City	FI 85 Zip Code
44 Diversort	to the provisions of Continue COZ (1 D2	and COV 1509 Clasida Stat	uton the abo	io named	d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	in familiar with, and accept the obligated in the street of profession of the triest agent of ECERS AND	and title if applicable (N			re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THTLE	P	DELETE	1 1 TITLE		Change Addition
NAME	KERESE, ANDRES		1.2 NAME		
STREET ADDRESS 12855 S.W. 136 AVENUE, #223		3	1.3 \$1RE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY	ST-ZIP	
TITLE		DELE1E	2.1 TITLE		V P ☐ Change ☑ Addition
NAME			2.2 NAME		Luis Alfredo Rueda 12855 sw 136 Avenue, #223
STREET ADDRESS				TADDRESS	13855 SW 136 AVENUE, # 223
CITY-ST-ZIP TITLE		DELETE	2. 4 CHTY 3.1 TITLE	- 51 - 7IP	MTAMT, FL 33/86 Change Addition
NAME		L.J OLLEH	3.2 NAME		- Johnson
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM		
STREET ADDRESS			4.3 STREE	1 ADDRESS	
CITY-ST-ZIP		·····	4.4 CITY		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			1	I ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	51 - ZIP	Change Addition
NAME		C ATTLE	6.7 HTLC		E Committee
STREET ADDRESS				1 ADDRESS	
CITY-ST-ZIP			64 CITY-		

14. Thereby 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.

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Lis Alteron Rich

1/13/98

(305) 518 41661

FILED

Jun 02 1998 8:00am

Secretary of State