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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90196 003 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000043544

1. Corporation Name

CITY-ST-ZIP

**SIGNATURE** 

DANUBIO BAKERY, INC.

Principal Place of Business Mailing Address								
12855 S.W. 136 AVENUE 12855 S.W. 136 AVENUE								
SUITE 223 SUITE 223						DO NOT WRITE IN THIS	DACE	
MIAMI FL 33186 MIAMI FL 33186						3. Date Incorporated or Qualifed	SPACE	
						05/13/1997		
Principal P	Uppe of Rusiness	2a. Mailing Address				4. FEI Number		Applied For
						65-0824662	Not Applicable	
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.							\$8.7	5 Additional
22			- 22		<u></u>	5. Certifcate of Status Desired	•	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.	00 May Be
23	3-	28				Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Inte	ngible	
24	25	29	30			Personal Property Tax.	Yes	No
1	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	\gent	<del></del>
				81	Name			
	THOLE, PAUL A		ŀ	82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
	55 S.W. 136 AVENUE			٦-	Otroot Addit	(I .O. Box Humbor to Not Nosspielle)		
SUIT	TE 213		}	83				
MIAN	VII FL 33186		}				las!	7:- C-do
			l	84	City	FL	85	Zip Code
SIGNATURE	Signature, typed or printed name of registered a		_ <del>- i</del>	Agen	t signature required			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TIT				☐ Cha	nge 🗀 Additio
NAME	KERESE, ANDRES		1.2 NA					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	23	1.3 ST	REET	ADDRESS			
CITY- ST-ZIP	MIAMI FL 33186		1.4 CIT		T-ZIP		C Cha	nge Additio
TITLE	VP □ DELETE		2.1 TIT	LE			☐ Cha	nge Li Adduk
NAME	RUEDA, LUIS A		2.2 NA					
STREET ADDRESS	j.		2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		2. 4 C1		T-ZIP		- Cha	nge 🗆 Additio
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NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		C) priete	3.4. CI		T-ZIP		Cha	nge Additio
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NAME			4. 2 N/					
STREET ADDRESS					ADDRESS			
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NAME					ADDRESS			
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TITLE			• • • • • • • • • • • • • • • • • • • •		i			
NAME	1 *		6.2 NA	ME				

6.4 CITY-ST-ZIP

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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 plan attachment with all other like empowered.