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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P97000071948 (8)

N & R JAMAICAN BAKERY, INC.

Principal Plac	e of Business	Mailing Addr	ess				
18687 MARLI		18667 MARLIN ROAD				}	
MIAMI FL 33157		MIAMI FL 33157				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						08/20/1997	
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For	
21		26				75-0774908 Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required	
City & Stat	е	City & Sta	ılo			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	C	ountry	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🌠 Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Age	nt			10. Name and Address of New Registered Agent	
BE	RNARD, ANTHONY			81	Name		
		82	Street A	Address (P.O. Box Number is Not Acceptable)			
	201 S.W. 95 AVENUE #109 AMI FL 33157			"	Subol A	adiese (i. a. box iduniber is not Acceptable)	
*****				63	1		
				_			
				84	City	FL 85 Zip Code	
office or r agent. La SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the obliq	02 and 607.1508, Fi e of Florida. Such cl gations of, Section 6	lorida Statules, the hange was authori: 607.0505, Florida S	abov zed b tatule	e-named c y the corpo s.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
JOHATORE.	Signature, typod or printed name of registered as	yort and title if applicable	(NO1E : Registe	ered Ag	ent signature re	required when reinstaling) DATE	
12.	OFFICERS AN	NO DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
HÎLE	D		DELETE 1.1	TITLE		Change Addition	
NAME	ALLI, SHARUL		1.2	NAME	1		
STREET ADDRESS	18667 MARLIN ROAD		1.3	GTREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		1.4	CITY-S	ST-ZiP		
TITLE	D		DELETE 2.1	TITLE		Change Addition	
NAME	<b>PE</b> RSAUD, ROMAN		22	NAME	i		
STREET ADDRESS	18667 MARLIN ROAD		23	STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		2.	4 CITY-	ST-ZIP		
TITLE				TITLE		☐ Change ☐ Addition	
NAME			3.2	NAME		<b>%</b> •	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				I. CITY-	1		
TITLE	<u> </u>			TITLE		Change Addition	
NAME		_		2 NAME		_ · · _ ·	
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP			1	CITY-S		'Sy	
TITLE				THILE	01-217	☐ Change ☐ Addition	
NAME		<b>L</b>		NAME		Strange restress	
			<b>.</b>		. ADDOCCO		
STREET ADDRESS					ADDRESS	· ·	
CITY-ST-ZIP				CITY-S	51 - ZIP	Change Addition	
•		_		TITLE	j	LI Shange LI Addition	
	•			NAME			
'			6.3	STRFET	ADDRESS		

the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information did 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 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 13 if changed, or on an attachment with an address.