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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091736 (3)

PURO PAN INTERNATIONAL BAKERY, INC.

17530 SW 143 PLACE 17530 SW 143 PLACE MIAMI FL 33177 MIAMI FL 33177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-079206 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANCHEZ, REGULO P 17530 SW 143 PLACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33177** 83 Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE PSTD Change Addition TITLE 11 TITLE SANCHEZ, REGULO P NAME 1.2 NAME 17530 SW 143 PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP 1.4 CITY - ST- 2IP DELETE Addition TITLE 2.1 TITLE Chance NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

2 4 CITY - ST - ZIP

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY - ST - ZIF

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

DELETE

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 conversion 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 algorithms with an address.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

TITLE

4/22/98

(305) 279-0229

Change

_ Change

Change

Addition

Addition

Addition

☐ Addition

FILED

May 05 1998 8:00am

Secretary of State