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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017092
 Corporation Name
NATY'S BAKERY CORP.

Principal Place of Business: 2133 NW 23 CT, MIAMI FL 33142
 Mailing Address: 2133 NW 23 CT, MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1998

4. FEI Number: 65-082-6884

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year, Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 NATY'S BAKERY CORP., 2133 NW 23 CT, MIAMI FL

2a. Mailing Address: 2133 NW 23 CT, MIAMI FL

22. City & State: MIAMI FL

23. Zip: 33142, Country: USA

9. Name and Address of Current Registered Agent: MACAGNO, NATACHA, 2133 NW 23 CT, MIAMI FL 33142

10. Name and Address of New Registered Agent: MACAGNO NATACHA, 2133 NW 23 CT, MIAMI FL 33142

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: *(Sorry)* DATE: 3-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	MACAGNO, LUIS	1.1 TITLE:	
STREET ADDRESS: 2133 NW 23 CT	MIAMI FL 33142	1.2 NAME:	
CITY-ST-ZIP: MIAMI FL 33142		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: DS	MACAGNO, NATACHA	2.1 TITLE:	
STREET ADDRESS: 2133 NW 23 CT	MIAMI FL 33142	2.2 NAME:	
CITY-ST-ZIP: MIAMI FL 33142		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE:		3.1 TITLE:	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis Macagno* DATE: 3-4-99 DAYTIME PHONE #: 305-634-7050

CR2E034 (11/98)