

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90249 018 ***150.00

DOCUMENT # P98000019042

1. Corporation Name

CARIBBEAN NATIONAL BAKERY, INC.

Principal Place of Business

2566 N STATE RD 7 BAY #4
LAUDERDALE LAKES FL 33313

Mailing Address

2566 N STATE RD 7 BAY #4
LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

65-0815857

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

Ruth Bryan

82 Street Address (P.O. Box Number is Not Acceptable)

2566 N. State Rd 7

83

Bay # 4

84 City

Lauderdale Lakes

FL

85 Zip Code

33313

11. Pursuant to the provisions of Sections 607.0501 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

Ruth Bryan President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BURTON, ANDREW
STREET ADDRESS 6700 SW 7TH STREET
CITY-ST-ZIP MARGATE FL 33068

☒ DELETE

TITLE D
NAME BRYAN, RUTH
STREET ADDRESS 21110 NE 3RD AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33179

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Ruth Bryan
1.3 STREET ADDRESS 21110 N.E. 3RD AVE
1.4 CITY-ST-ZIP Miami FL 33179

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 777-3229

CR2E034 (11/98)

0234131