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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000044987

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90151 009 \*\*\*150.00

D-LITEFL	JL BAKERY & DELI OF BRO	WARD, INC.				
Principal Place	e of Business	Mailing Address				
15130 S.W. 72ND STREET MIAMI FL 33193  15130 S.W. 72ND STREET MIAMI FL 33193						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 05/19/1998
Principal Place of Business     The state of Business     The state of Business		2a. Mailing Address			4. FEI Number Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25 29 30		30			Personal Property Tax.
	9. Name and Address of Curren					10. Name and Address of New Registered Agent
				81	Name	
GUEVARA, JORGE L SR.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
14912 S.W. 45TH TERRACE				"	Olicet Addit	oos (i .o. box valinboi io racivilasspiasio)
MIAMI FL 33185				83		
				84	City	■■ 85 Zip Code
				**	City	FL   S   Z   P S S S S S S S S S S S S S S S S S S
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was a	uthorized	i by ti	-named corpo he corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE:	Registered	Agent	signature required	d when reinstating) DATE
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		argitatore required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	GUEVARA, JORGE L SR.		1.2 NAME			
STREET ADDRESS	14912 S.W. 45TH TERRACE		1.3 STREE		ADDRESS	
	MIAMI FL 33185		1.4 CITY-S		1	
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE		-	☐ Change ☐ Addition
NAME	GUEVARA, JORGE L JR.		2.2 NAME			
STREET ADDRESS	14912 S.W. 45TH TERRACE		2.3 STREET		ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185		2. 4 CITY-ST			
TITLE	TD	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME	GUEVARA, ERIC B		3.2 NAME			
STREET ADDRESS	14912 S.W. 45TH TERRACE		3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185		3.4. C	ITY-ST	-ZiP	
TITLE	SD	☐ DELETE	4.1 TF	TLE		☐ Change ☐ Addition
NAME	GUEVARA, ANA R		4.2 NAME			
STREET ADDRESS	14912 S.W. 45TH TERRACE		4.3 STREE		ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185		4.4 CI	TY-ST-	-ZIP	
TITLE	-	☐ DELETE	5.1 TF	TLE		☐ Change ☐ Addition
NAME			5.2 NA	AME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-\$T-	-ZIP	·
TITLE		☐ DELETÉ	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 NA	<b>AME</b>		

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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS