

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90031 041 ***158.75

DOCUMENT # P98000074017

1. Corporation Name

LAS PALMAS BAKERY, INC

Principal Place of Business

11150 OKEECHOBEE BLVD. STE E
ROYAL PALM BEACH FL 33411

Mailing Address

11150 OKEECHOBEE BLVD. STE E
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

605-0860202

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X Yes □ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

VILARINO, MAGDA A
710 W LAKEWOOD RD
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

OMAR VELOZ

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

2406 SEASIDE DR

83

84 City

GREENACRES

FL

85 Zip Code

33463

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 of Registered Agent)

(NOTE: Registered Agent signature required when reinstating)

X 1-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D. CUBA, ANTONIO J
NAME
STREET ADDRESS 710 W LAKEWOOD RD
CITY-ST-ZIP WEST PALM BEACH FL 33405

X DELETE

TITLE D
NAME VILARINO, MAGDA A
STREET ADDRESS 710 W LAKEWOOD RD
CITY-ST-ZIP WEST PALM BEACH FL 33405

X DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ 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 OMAR VELOZ
1.3 STREET ADDRESS 2406 SEASIDE DR
1.4 CITY-ST-ZIP GREENACRES FL 33463

□ Change X Addition

2.1 TITLE SECRETARY
2.2 NAME CLAUDIA VELOZ
2.3 STREET ADDRESS 2406 SEASIDE DR
2.4 CITY-ST-ZIP GREENACRES FL 33463

□ Change X 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 its 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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-27-99

X 561-793-4472

Date

Daytime Phone #

CR2E034 (11/98)

0329924