

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S56359** (0)

1. Corporation Name

SIRE BAKERY, INC.

Principal Place of Business

**3970 W 12TH AVE
HALEAH FL 33012**

Mailing Address

**3970 W 12TH AVE
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/31/1991

3a. Date of Last Report
07/11/1994

4. FEI Number
65-0262886

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 has liability for information under § 199.036,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

3732 W. 12 AVE.

2a. Mailing Address

1301 W. 36th St.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Hialeah, FL

City & State

Hialeah, FL

24 **33012**

25 **Dade**

29 **33012**

30 **Dade**

9. Name and Address of Current Registered Agent

**PARRA, JOSE
3970 W 12TH AVE
HALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 required for principal officer or registered agent and for each director)

(Signature required for registered agent and for each director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PARRA, JOSE
STREET ADDRESS	3970 W 12TH AVE
CITY, ST, ZIP	HALEAH FL
TITLE	PARRA, OLEMA
NAME	PARRA, OLEMA
STREET ADDRESS	3970 W 12TH AVE
CITY, ST, ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.036(9)(a), 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, 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 not in either report with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-94

Date

Signature (Print Name)