

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

**CORPORATION,
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 6: 23

DOCUMENT # S63768 (3)

1. Corporation Name

INTERNATIONAL BREAD AGENCY, INC.

Principal Place of Business

**3499 OAKS WAY #902
POMPANO BEACH FL 33069**

Mailing Address

**3499 OAKS WAY #902
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1991

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0276951

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 intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 3499 OAKS WAY #509

2a. Mailing Address

26 3499 OAKS WAY

Suite, Apt. #, etc.

509

Suite, Apt. #, etc.

509

City & State

23 POMPANO BEACH

City & State

28 POMPANO BEACH, FL

Zip

FL

County

33069

Zip

FL 33069

County

BROWARD

9. Name and Address of Current Registered Agent

**SORIANO, IOSEF
3499 OAKS WAY #902
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81 Name

SORIANO, IOSEF

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

3499 OAKS WAY #509

83

84 City

POMPANO BEACH

FL

85 Zip Code

33069

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORIANO, IOSEF
STREET ADDRESS	3499 OAKSWAY, #902
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11 TITLE	A	☐ Change ☒ Addition
12 NAME	SORIANO, IOSEF	
13 STREET ADDRESS	3499 OAKSWAY, #509	
14 CITY - ST - ZIP	POMPANO BEACH, FL 33069	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(2)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SIGNATURE