

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 FEB 22 AM 10:13

DOCUMENT # **S80599**

(1)

1. Corporation Name

NEW BREADSTUFF CORPORATION

Principal Place of Business

**328 CRANDON BLVD.
#125**

KEY BISCAVNE FL 33149

Mailing Address

328 CRANDON BLVD.

#125

KEY BISCAVNE FL 33149

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0293671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ODRIA, ITALO

328 CRANDON BLVD #125

KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent

Name

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

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the officer 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.

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the information furnished on this statement for the purpose of changing its registered office is true and correct, and that the appointment of the person named as registered agent is in accordance with the provisions of the Florida Statutes.

SIGNATURE

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

(NOTE: Registered agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPS

ODRIA, ITALO

50 OCEAN LANE DRIVE

KEY BISCAVNE 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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1

1.2

1.3

1.4

2.1

2.2

2.3

2.4

3.1

3.2

3.3

4.1

4.2

4.3

4.4

5.1

5.2

5.3

5.4

6.1

6.2

6.3

6.4

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95 (305)
361-0281