

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

**APPROVED-
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

55 MAY -1 PM 2:34

DOCUMENT # S82946 (2)

**1. Corporation Name
CAKE DESIGNS BY LUCILA AND EDDA, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4315 S.W. 72ND AVE. MIAMI FL 33155		4315 S.W. 72ND AVE. MIAMI FL 33155	

2. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
21	26	65-0284174	Not Applicable
State App # etc.	State App # etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
City	State	29. Zip	30. Zip
24	25	29	30

3. Date the Corporation is Chartered	3a. Date of Last Report
09/26/1991	01/28/1994

9. Name and Address of Current Registered Agent

**MARTINEZ, EDDA
6921 S.W. 95TH AVENUE
MIAMI FL 33173**

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 607.04(5) and 607.15(6), 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 hereby authorized to accept the obligations of Section 607.04(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 1995	
NAME	P MARTINEZ, EDDA	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6921 S.W. 95TH AVE	2. NAME	
CITY & STATE	MIAMI FL	3. STREET ADDRESS	
NAME	V JIMENEZ, LUCILA	4. CITY & STATE	
STREET ADDRESS	1217 GRANADA BLVD.	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE	CORAL GABLES FL	6. NAME	
NAME		7. STREET ADDRESS	
STREET ADDRESS		8. CITY & STATE	
CITY & STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
NAME		16. CITY & STATE	
STREET ADDRESS		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		18. NAME	
NAME		19. STREET ADDRESS	
STREET ADDRESS		20. CITY & STATE	
CITY & STATE		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY & STATE		24. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the new FLD 021 (b)(1), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *Sandra B. Martinez* EDDA MARTINEZ 4/28/95 305-666-6987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR