FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33101

(9)

IRMA BAKERY, INC.

(5

FILED Apr 20 1998 8:00am Secretary of State

'			-				
Principal Place of Business				ing Address			
•							
7133 W. FLAGLER ST. MIAMI FL 33144				7133 W. FLAGLER ST. MIAMI FL 33144			
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 05/01/1992
2. Principal Place of Business				Mailing Address			4. FEI Number Applied For
21			26	 			65-0333961 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			¢0.75
22			27	27			5. Certificate of Status Desired Fee Required
City & State				City & State			6. Election Campaign Financing \$5.00 May Be
23				28			Trust Fund Contribution Added to Fees
z	<u>├</u> ─┐ '		——————————————————————————————————————	Zip Count		ry	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Current		29				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent MEMBRENO, MAGDA 81 Name							In tame and Address of the Hogosteled Agent
7133 W. FLAGLER ST. MIAMI FL 33144						2 Street	Address (P.O. Box Number is Not Acceptable)
1910-001 T E 55 1 T T				83		3	· · · · · · · · · · · · · · · · · · ·
					8	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
12.	Signature, type	OFFICE B	red agent and tille if a IS AND DIRECT		E: Registered A	gont signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOTLE		011071	IO AND DITE OF	DELETE	1.1 TITLE		Change Addition
NAME	MEMBE	MEMBRENO MACOA					
	TADDRESS 40863 N.W. 7 ST. # 13		713 N	N.W 128 P4		ET ADDRESS	
City-9		FL	MIAM	1, 51 3318	2 14 CITY-	ST-ZIP	
TITLE				DELETE	21 TITLE		☐ Change ☐ Addition
NAME					2.2 NAME		
STREET	ADDRESS				2.3 STREE	et address	
CITY-S	ST-ZIP				2.4 C(TY	-ST-ZIP	
TITLE				[] DELETE	3.1 TITLE		L Change L Addition
NAME					3.2 NAME		
	ADDRESS				1	T ADDRESS	
CITY-S	ST-ZIP		*******	DELETE	3.4. CITY 4.1 TITLE		Change Addition
NAME				E PELLIE	4.1 HILE 4. 2 NAM		Change C Adultist
	ADDRESS					T ADDRESS	
CITY-S					4.4 CITY -		
TITLE				☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME					5.2 NAME	:	
STREET	ADDRESS				5.3 STREE	T ADDRESS	
CITY-S	ST-ZIP				5.4 CITY -	ST-ZIP	
TITLE				☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAME		
STREET	ADDRESS				6.3 STREE	T ADDRESS	-
CITY-S					6.4 CITY-		
14. [hereby certify that the dicated on this anni	ie information suppl Lat report or supple	lied with this filin mental annual re	ig does not qualify for	or the exem- curate and ti	ption state hat my sig	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature 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 typical empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or \$\infty\$ an attachment both an address.							