

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **563969** (5)

1. Corporation Name

MEDINA BAKING & POWDER PRODUCTS, INC.



Principal Place of Business

1864 N.W. 22ND STREET
MIAMI FL 33142

Mailing Address

1864 N.W. 22ND STREET
MIAMI FL 33142

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ROLANDO FERNANDEZ
12772 SW 45TH TERR
MIAMI, FFL 33175**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

3. Date Incorporated or Qualified	3a. Date of Last Report
04/11/1978	04/26/1995
4. FEI Number	Applied For
59-1765098	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 607.0506, Florida Statutes.

SIGNATURE

Signature of registered agent or person designated to file

Signature of Agent or Secretary of State

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	FERNANDEZ, ROLANDO	
STREET ADDRESS	12772 S.W. 45 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MARTIN, CARLOS	
STREET ADDRESS	13404 S.W. 22ND TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP			
2.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2. NAME			
2.3. STREET ADDRESS			
2.4. CITY-ST-ZIP			
3.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2. NAME			
3.3. STREET ADDRESS			
3.4. CITY-ST-ZIP			
4.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2. NAME			
4.3. STREET ADDRESS			
4.4. CITY-ST-ZIP			
5.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2. NAME			
5.3. STREET ADDRESS			
5.4. CITY-ST-ZIP			
6.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 119.07(3)(g), 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, or on an attachment with an address.

SIGNATURE:

R. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.25.96

805-545-5436

CR2E034 (12/95)