


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90020 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 563969**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/11/1978**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

4. FEI Number  
**59-1765098**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**ROLANDO FERNANDEZ**  
**12772 SW 45TH TERR**  
**MIAMI, FFL 33175**

10. Name and Address of New Registered Agent  
 81 Name **Rosario Fernandez**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12772 S.W. 45th Terr.**  
 83  
 84 City **MIAMI.** FL 85 Zip Code **33175**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Rosario Fernandez**  
 Director, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE **7-1-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FERNANDEZ, ROLANDO	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12772 S.W. 45 TERRACE	MIAMI FL	1.2 NAME Roberto MARTIN	
CITY-ST-ZIP MIAMI FL		1.3 STREET ADDRESS 675 N.W. 126 CT	
TITLE VSD	MARTIN, CARLOS	1.4 CITY-ST-ZIP MIAMI, FL. 33182	
STREET ADDRESS 13404 S.W. 22ND TERRACE	MIAMI FL	2.1 TITLE Director, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIAMI FL		2.2 NAME Rosario Fernandez	
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS 12772 S.W. 45 TERRACE	
NAME		2.4 CITY-ST-ZIP MIAMI, FL. 33175	
STREET ADDRESS		3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME CONNIE MARTIN	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS 2240 S.W. 134 AVE	
NAME		3.4 CITY-ST-ZIP MIAMI, FL 33175	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rosario Fernandez** **REQUIRED** 3-19-99 305-545-5436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

021115

CR2E034 (11/98)