

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1: 34

DOCUMENT # F94000002996 (6)
 1. Corporation Name
GRUMA CORPORATION

Principal Place of Business P.O. BOX 22034 LOS ANGELES CA 90022	Mailing Address P.O. BOX 22034 LOS ANGELES CA 90022
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1994		3a. Date of Last Report	
21		26		4. FEI Number 95-3576486		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKRA, NARESH	1.2 NAME	
STREET ADDRESS	5750 GRACE PLACE, STE A	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, JAVIER	2.2 NAME	
STREET ADDRESS	5750 GRACE PLACE, STE A	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVAS, EDUARDO	3.2 NAME	
STREET ADDRESS	5750 GRACE PLACE, STE A	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOBRIST, DUANE H	4.2 NAME	
STREET ADDRESS	5750 GRACE PLACE, STE A	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUHLESTEIN, RANDOLPH G	5.2 NAME	
STREET ADDRESS	5750 GRACE PLACE, STE A	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, MANUEL	6.2 NAME	
STREET ADDRESS	5750 GRACE PLACE, STE A	6.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	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)(b), 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 as an attachment with an address.

SIGNATURE: ms [Signature] 5/2/95 (213) 727-1004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)