

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98 \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra L. Eastham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1994

4. F.I. Number

95-3576486

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fee

8. This corporation owes or has paid the current year Intangible  
 Personal Property Tax due June 30.

Yes  No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. State, Fed. Tax Id.

22. City & State

23. Zip Country

24. State

2a. Mailing Address

26. State, Zip, etc.

27. City & State

28. Zip Country

29. State

9. Name and Address of Current 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. City

84. City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0707 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 understand with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

OFFICE	NAME	ADDRESS	CITY	STATE	ZIP
1001	P	NAKRA, NARESH	5750 GRACE PLACE, STE A	LOS ANGELES CA	
1002	V	VELEZ, JAVIER	5750 GRACE PLACE, STE A	LOS ANGELES CA	
1003	VD	LIVAS, EDUARDO	5750 GRACE PLACE, STE A	LOS ANGELES CA	
1004	S	ZOBRIST, DUANE H	5750 GRACE PLACE, STE A	LOS ANGELES CA	
1005	AS	MUHLESTEIN, RANDOLPH G	5750 GRACE PLACE, STE A	LOS ANGELES CA	
1006	VP	BRUNNER, TOM	5750 GRACE PLACE, STE A	LOS ANGELES CA	

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	ADDRESS	CITY	STATE	ZIP	Change	Add
1101						<input type="checkbox"/>	<input type="checkbox"/>
1102						<input type="checkbox"/>	<input type="checkbox"/>
1103						<input type="checkbox"/>	<input type="checkbox"/>
1104						<input type="checkbox"/>	<input type="checkbox"/>
1105						<input type="checkbox"/>	<input type="checkbox"/>
1106						<input type="checkbox"/>	<input type="checkbox"/>
1107						<input type="checkbox"/>	<input type="checkbox"/>
1108						<input type="checkbox"/>	<input type="checkbox"/>
1109						<input type="checkbox"/>	<input type="checkbox"/>
1110						<input type="checkbox"/>	<input type="checkbox"/>
1111						<input type="checkbox"/>	<input type="checkbox"/>
1112						<input type="checkbox"/>	<input type="checkbox"/>
1113						<input type="checkbox"/>	<input type="checkbox"/>
1114						<input type="checkbox"/>	<input type="checkbox"/>
1115						<input type="checkbox"/>	<input type="checkbox"/>
1116						<input type="checkbox"/>	<input type="checkbox"/>
1117						<input type="checkbox"/>	<input type="checkbox"/>
1118						<input type="checkbox"/>	<input type="checkbox"/>
1119						<input type="checkbox"/>	<input type="checkbox"/>
1120						<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information made available to the public in this 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 officer 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 *[Handwritten Signature]* 9/2/98 1622222-6786

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