

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90102 012 ***150.00

11554-06 AT

DOCUMENT # F94000002996

1. Entity Name
GRUMA CORPORATION



Principal Place of Business
**1159 COTTONWOOD LANE
SUITE 200
IRVING TX 75038
US**

Mailing Address
**1159 COTTONWOOD LANE
SUITE 200
IRVING TX 75038
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3576486**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, JOEL	
STREET ADDRESS	1159 COTTONWOOD LN STE 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELIAS, SALVADOR	
STREET ADDRESS	1159 COTTONWOOD LN STE 200	
CITY-ST-ZIP	IRVING-TX-75038	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, JOEL	
STREET ADDRESS	1159 COTTONWOOD LANE SUITE 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRERA, ROBERTO G	
STREET ADDRESS	1159 COTTONWOOD LANE SUITE 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBINO, MANUEL	
STREET ADDRESS	1159 COTTONWOOD LANE SUITE 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	P AND CEO	<input type="checkbox"/> Delete
NAME	JAIRO SENISE	
STREET ADDRESS	1159 COTTONWOOD LANE SUITE 200	
CITY-ST-ZIP	IRVING, TX 75038	

TITLE	VP AND TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JOEL	
STREET ADDRESS	1159 COTTONWOOD LN STE 200	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D VARGAS, SALVADOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, SALVADOR	
STREET ADDRESS	1159 COTTONWOOD LANE, SUITE 200	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE	D GONZALEZ BARRERA, ROBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ BARRERA, ROBERTO	
STREET ADDRESS	1159 COTTONWOOD LANE, SUITE 200	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE	D RUBIO, MANUEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, MANUEL	
STREET ADDRESS	1159 COTTONWOOD LANE SUITE 200	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(972) 232 5036

Date Daytime Phone #

CFR2E094 (10/02)