

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **370493** (9)

1. Corporation Name
GLORIA BAKERY, INC.



Principal Place of Business: **210 N E 1ST AVENUE MIAMI FL 33132**
Mailing Address: **210 N E 1ST AVENUE MIAMI FL 33132**

3. Date Incorporated or Qualified: **09/29/1970**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-1307059**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **210 N E 1ST AVENUE MIAMI FL 33132**
2a. Mailing Address: **210 N E 1ST AVENUE MIAMI FL 33132**
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**SEIBANE, CARLOS ALBERTO
3441 S.W. 16 ST.
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

P
TITLE: _____
NAME: **SEIBANE, CARLOS ALBERTO**
STREET ADDRESS: **3441 S.W. 16 ST.**
CITY-STATE-ZIP: **MIAMI FL**

S
TITLE: _____
NAME: **SEIBANE, ROSA MARIA**
STREET ADDRESS: **3443 SW 16TH ST**
CITY-STATE-ZIP: **MIAMI FL**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: _____ Change Addition
12. NAME: _____
13. STREET ADDRESS: _____
14. CITY-STATE-ZIP: _____

21. TITLE: _____ Change Addition
22. NAME: _____
23. STREET ADDRESS: _____
24. CITY-STATE-ZIP: _____

31. TITLE: _____ Change Addition
32. NAME: _____
33. STREET ADDRESS: _____
34. CITY-STATE-ZIP: _____

41. TITLE: _____ Change Addition
42. NAME: _____
43. STREET ADDRESS: _____
44. CITY-STATE-ZIP: _____

51. TITLE: _____ Change Addition
52. NAME: _____
53. STREET ADDRESS: _____
54. CITY-STATE-ZIP: _____

61. TITLE: _____ Change Addition
62. NAME: _____
63. STREET ADDRESS: _____
64. CITY-STATE-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)(k), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **1-20-96 (305) 373-8853**
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)