

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 542424 (7)

1. Corporation Name
FLOWERS BAKING CO. OF MIAMI, INC.



Principal Place of Business
17800 N. W. MIAMI COURT, N. DADE
MIAMI FL 33169

Mailing Address
17800 N. W. MIAMI COURT, N. DADE
MIAMI FL 33169

3. Date Incorporated or Qualified 08/05/1977	3a. Date of Last Report 01/19/1995
4. FEI Number 59-1758784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		81. Name
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		82. Street Address (P.O. Box Number is Not Acceptable)
		83. City
		84. Zip Code
		85. State

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's signature is required for this filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	DELEU, JOHN	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	17800 NW MIAMI COURT	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	MIAMI FL	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	PD	3.1 TITLE	3.2 NAME
NAME	WHITE, C	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	17800 N W MIAMI COURT	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	MIAMI FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	STD	5.1 TITLE	5.2 NAME
NAME	LOPEZ, FELIX	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	17800 NW MIAMI COURT	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	MIAMI FL	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	D		
NAME	VARNEDOE, HEETH III		
STREET ADDRESS	US HIGHWAY 19 SOUTH		
CITY - ST - ZIP	THOMASVILLE GA		
TITLE			
NAME			
STREET ADDRESS			
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)(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: *Chris White* @. WHITE. President
1/12/96 305-652-3416

CR2E034 (12/95)