

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002996

FILED
Apr 27, 2004
Secretary of State

Entity Name: GRUMA CORPORATION

Current Principal Place of Business:

1159 COTTONWOOD LANE
SUITE 200
IRVING, TX 75038 US

New Principal Place of Business:

Current Mailing Address:

1159 COTTONWOOD LANE
SUITE 200
IRVING, TX 75038 US

New Mailing Address:

FEI Number: 95-3576486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: SUAREZ, JOEL
Address: 1159 COTTONWOOD LN STE 200
City-St-Zip: IRVING, TX 75038

Title: S () Delete
Name: ELIAS, SALVADOR
Address: 1159 COTTONWOOD LN STE 200
City-St-Zip: IRVING, TX 75038

Title: D () Delete
Name: VARGAS, SALVADORE
Address: 1159 COTTONWOOD LANE STE 200
City-St-Zip: IRVING, TX 75038

Title: D () Delete
Name: BARRERA, ROBERTO G
Address: 1159 COTTONWOOD LANE SUITE 200
City-St-Zip: IRVING, TX 75038

Title: D (X) Delete
Name: RUBINO, MANUEL
Address: 1159 COTTONWOOD LANE SUITE 200
City-St-Zip: IRVING, TX 75038

Title: CEO () Delete
Name: SENISE, JAIRO
Address: 1159 COTTONWOOD LANE STE 200
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VARGAS, SALVADOR
Address: 1159 COTTONWOOD LANE STE 200
City-St-Zip: IRVING, TX 75038

Title: D (X) Change () Addition
Name: QUIROGA, JUAN
Address: 1159 COTTONWOOD LANE SUITE 200
City-St-Zip: IRVING, TX 75038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL SUAREZ

VPT

04/27/2004

Electronic Signature of Signing Officer or Director

Date