

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL -5 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # K73805 (9)**  
1. Corporation Name  
**EL TEJADITO BAKERY II, INC.**

Principal Place of Business: **10544 S.W. 8TH ST. MIAMI FL 33174**  
Mailing Address: **10544 S.W. 8TH ST. MIAMI FL 33174**

3. Date Incorporated or Qualified: **03/20/1989**    3a. Date of Last Report: **05/24/1994**  
4. FEI Number: **65-0170856**    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 Fees**  
8. This corporation has liability for intrastate tax under § 1001.012 Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**MONTOKA, JOSE D.  
6534 S.W. 138TH COURT  
MIAMI FL 33189**

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 the 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: \_\_\_\_\_  
Signature (print the printed name of registered agent and the corporation)      Registered Agent signature required when registering      DATE

12. OFFICERS AND DIRECTORS	
TITLE: <b>PSD</b>	<b>MONTOKA, JOSE D. 6534 S.W. 138 CT. MIAMI FL</b>
TITLE: <b>TD</b>	<b>MONTOKA, GLADYS E. 6534 S.W. 138 CT. MIAMI FL</b>
TITLE:	
TITLE:	
TITLE:	
TITLE:	
TITLE:	
TITLE:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	<b>15633 SW 43 LANE MIAMI, FL 33185</b>
1.3 STREET ADDRESS:	
1.4 CITY, ST, ZIP:	
2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	<b>15633 SW 43 LANE MIAMI, FL 33185</b>
2.3 STREET ADDRESS:	
2.4 CITY, ST, ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY, ST, ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY, ST, ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY, ST, ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY, ST, ZIP:	

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not constitute an offer of securities for the corporation stated in Section 110.01(2)(a), Florida Statutes. I further certify that the information disclosed on this annual report or other periodic report is true and accurate and that my signature shall have the same legal effect as if made in the state in which the corporation or the Secretary of State is located. I understand that my signature is required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE:   
SIGNATURE AND PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR: **Jose D. Montoya 4-19-95 223-9290**  
PRESIDENT