

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

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DOCUMENT # M28545 (5)
1. Corporation Name
LA CATALANA BAKERY INC.



Principal Place of Business: **1199 WEST 29TH STREET HIALEAH FL 33012**
Mailing Address: **1199 WEST 29TH STREET HIALEAH FL 33012**

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

3. Date Incorporated or Qualified: **03/07/1986** 3a. Date of Last Report: **03/27/1995**
4. FEI Number: **59-2667461** 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 intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GONZALEZ, RAUL JR.
22702 SW 9TH STREET
BOCA RATON 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____

Signature typed or printed name of person, firm or company, as applicable

Title of Registered Agent (Required for unaffiliated registrants)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GONZALEZ, RAUL 22702 SW 9TH ST BOCA RATON FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST GONZALEZ, MARYANN 22702 SW 9TH ST BOCA RATON FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GONZALEZ, ALEX 19633 N.W. 82 PLACE HIALEAH FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Raul Gonzalez RAUL GONZALEZ 03-13-96 305-885-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PD

CR2E034 (12/95)