

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**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 33012-5063**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/07/1986</b>	3a. Date of Last Report <b>03/20/1996</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-2667461</b>	Applied For <input type="checkbox"/> Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GONZALEZ, RAUL JR.          22702 SW 9TH STREET          BOCA RATON 33433</b>			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
				<b>FL</b>	

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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
	<b>PD</b>	<b>GONZALEZ, RAUL</b>			
		<b>22702 SW 9TH ST</b>			
		<b>BOCA RATON FL</b>			
TITLE	NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
	<b>ST</b>	<b>GONZALEZ, MARYANN</b>			
		<b>22702 SW 9TH ST</b>			
		<b>BOCA RATON FL</b>			
TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
	<b>VP</b>	<b>GONZALEZ, ALEX</b>			
		<b>19633 N.W. 82 PLACE</b>			
		<b>HIALEAH FL</b>			
TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 1-13-97 305-885-0921  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PD Date Daytime Phone #

CR2E034 (9/96)