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

DOCUMENT # P95000035740 (6)

1. Corporation Name

R D ORGANIC BAKERIES, INC.

Principal Place of Business
360 N.E. 129 STREET
N. MIAMI FL 33161

Mailing Address
360 N.E. 129 STREET
N. MIAMI FL 33161

3. Date Incorporated or Qualified: 05/08/1995

3a. Date of Last Report

2. Principal Place of Business
21 2131 N.W. 8 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip 24 33127 Country 25 Dade

2a. Mailing Address
26 2131 N.W. 8 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip 29 33127 Country 30 Dade

4. FEI Number: 65-0578111 ☐ 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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: AmeriLawyer Chartered
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
83 Coral Gables, Florida
84 City: Florida FL 85 Zip Code: 33134

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 AmeriLawyer Chartered By: [signature] Vice President, Natalia Utrera DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DIAZ, ALONSO	
STREET ADDRESS	360 N.E. 129 STREET	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	SD	☐ DELETE
NAME	DIAZ, MAGDALENA	
STREET ADDRESS	360 N.E. 129 STREET	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	TD	☐ DELETE
NAME	ROJAS, CONCEPCION	
STREET ADDRESS	360 N.E. 129 STREET	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Treasurer/Director	☒ Change ☐ Addition
1.2 NAME	Rojas, Jose G.	
1.3 STREET ADDRESS	360 N.E. 129 Street	
1.4 CITY-ST-ZIP	N. Miami, Fl 33161	
2.1 TITLE	Secretary/Director	☒ Change ☐ Addition
2.2 NAME	Rojas, Concepcion	
2.3 STREET ADDRESS	360 N.E. 129 Street	
2.4 CITY-ST-ZIP	N. Miami, Fl 33161	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 [signature] President Jose G. Rojas 7/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #