

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063089 (3)

1. Corporation Name

A & D MANILA BAKERY, INC.

Principal Place of Business

7628-2 103RD ST
JACKSONVILLE FL 32210

Mailing Address

7628-2 103RD ST
JACKSONVILLE FL 32210



3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

4. FEI Number

59-3331409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORDONIO, ALFREDO A
7628-2 103RD ST
JACKSONVILLE FL 32210

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 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the date of change

Signature typed or printed name of new registered agent and the date of change

DATE

12. OFFICERS AND DIRECTORS

TITLE **Pres** NAME **Alfredo A. ORDONIO** ☐ DELETE
STREET ADDRESS **7628-2 103RD ST.**
CITY-STATE-ZIP **JACKSONVILLE, FL. 32210**

TITLE **V** NAME **CONRADO CATBAGAN** ☐ DELETE
STREET ADDRESS **7628-2 103RD ST.**
CITY-STATE-ZIP **JACKSONVILLE, FL. 32210**

TITLE **T** NAME **ESTELLA R. ORDONIO** ☐ DELETE
STREET ADDRESS **7628-2 103RD ST.**
CITY-STATE-ZIP **JACKSONVILLE, FL. 32210**

TITLE **S** NAME **DELING CATBAGAN** ☐ DELETE
STREET ADDRESS **7628-2 103RD ST. JACKSONVILLE, FL.**
CITY-STATE-ZIP **32210**

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

100001849261

-06/04/96--01022--001

***208.75

☐ Change ☐ Addition

5-1-96
JR

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 manager 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-76 904-5732851

Date

Daytime Phone

CR2E034 (12/95)