

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

FILED

Mar 31 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 # 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 32210-8719



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1995		3a. Date of Last Report 05/01/1996	
21. SAME		26. SAME		4. FEI Number 59-3409633		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Country		30. Country					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name  
CONRADO CATBAGAN  
82. Street Address (P.O. Box Number is Not Acceptable)  
7628-2 103RD ST.  
83.  
84. City  
JACKSONVILLE FL 85. Zip Code  
32210

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 CONRADO CATBAGAN

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORDONIO, ALFREDO A		1.2 NAME CONRADO CATBAGAN	
STREET ADDRESS 7628-2 103RD ST		1.3 STREET ADDRESS 7628-2 103RD ST	
CITY-ST-ZIP JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATBAGAN, CONRADO		2.2 NAME DELING CATBAGAN	
STREET ADDRESS 7628-2 103RD ST		2.3 STREET ADDRESS 7628-2 103 RD ST	
CITY-ST-ZIP JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORDONIO, ESTELLA R		3.2 NAME	
STREET ADDRESS 7628-2 103RD ST		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32210		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATBAGAN, DELING		4.2 NAME	
STREET ADDRESS 7628-2 103RD ST		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: CONRADO CATBAGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONRADO CATBAGAN  
3-14-97 904-573-2851  
Date Daytime Phone

CR2E034 (9/96)