

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 # **P95000094426 (0)**

1. Corporation Name

EL TRIGAL BAKING CO, INC.



Principal Place of Business

**1770 WEST 44 PLACE APT. 119
HIALEAH FL 33012**

Mailing Address

**1770 WEST 44 PLACE APT. 119
HIALEAH FL 33012**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

EL TRIGAL BAKING CO.

Suite, Apt. #, etc.

27

P.O. BOX 541601

City & State

28

OPA LOCKA FL.

Zip

30

Country

33054

DADE

3. Date Incorporated or Qualified
12/12/1995

3a. Date of Last Report

4. FEI Number

65-0628831

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

**ANDUJAR, NILDO R
1770 WEST 44 PLACE APT. 119
HIALEAH FL 33012**

81 Name

FERNANDO A. NIN

82 Street Address (P.O. Box Number is Not Acceptable)

1770 WEST 44 PLACE APT 119

83

84 City

HIALEAH

FL

85 Zip Code

33012

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

FERNANDO A. NIN

Luis Nin

4/29/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **ANDUJAR, NILDO R**
STREET ADDRESS **1770 WEST 44 PLACE APT. 119**
CITY - ST - ZIP **HIALEAH FL 33012**

TITLE **VSD** ☐ DELETE

NAME **NIN, LUIS A**
STREET ADDRESS **315 WEST 55 STREET**
CITY - ST - ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 TITLE **PD** ☒ Change ☒ Addition

12 NAME **FERNANDO, A. NIN**
13 STREET ADDRESS **1770 WEST 44 PLACE APT 119**
14 CITY - ST - ZIP **HIALEAH FL. 33012**

2 TITLE **VSD** ☐ Change ☐ Addition

22 NAME **NIN, LUIS A**
23 STREET ADDRESS **315 W 55 STREET**
24 CITY - ST - ZIP **HIALEAH FL. 33012**

3 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 in an attachment with an address.

SIGNATURE:

FERNANDO A. NIN

4/29/96

(305)

681-2161

CR2E034 (12/95)