

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
**P.O. BOX 541601
OPALOCKA FL 33054
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 2131 NW 8AV. 22 City & State MIAMI FLORIDA 23 Zip 33127 24 Country DADE		2a. Mailing Address 25 Suite, Apt. #, etc. P.O. BOX 541601 26 City & State OPALOCKA FL. 27 Zip 33054 28 Country DADE 29		3. Date Incorporated or Qualified 12/12/1995	
4. FEI Number 65-0628831		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERNANDO A. NIN 1770 WEST 44 PLACE APT. 119 HIALEAH FL 33012		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	PD	1.1 TITLE	PD
NAME	FERNANDO, A. NIN.	1.2 NAME	FERNANDO A. NIN
STREET ADDRESS	1770 WEST 44 PLACE APT. 119	1.3 STREET ADDRESS	110 SE 2ND STREET # 312
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	HALLANDALE, FL. 33009
TITLE	VSD	2.1 TITLE	
NAME	NIN, LUIS A	2.2 NAME	
STREET ADDRESS	315 WEST 55 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 added in an attachment with an address.

SIGNATURE: **FERNANDO A. NIN** APRIL 11/98 (305) 681 0877

CR2E034 (10/97)