**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

# DOCUMENT # P93000041102 (3)

1. Corporation Name
**BAGEL BOYS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 19595 NE 10 AVE<br>BLDG 5 G-H<br>NO MIAMI BEACH FL 33179 | 19595 NE 10 AVE<br>BLDG 5 G-H<br>NO MIAMI BEACH FL 33179 |

2. Principal Place of Business — 21 — Suite, Apt #, etc — 22 — City & State — 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt #, etc. — 27 — City & State — 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 06/22/1995
4. FEI Number: 65-0412973 — 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ALMAN, MARTIN H
17064 W. DIXIE HWY.
N MIAMI BEACH FL 33160-3423

10. Name and Address of New Registered Agent
81 Name: ARTHUR AUGUST
82 Street Address (P.O. Box Number is Not Acceptable): 19595 NE 10 AVENUE
83 BLDG 5 G-H
84 City: N MIAMI BEACH FL 85 Zip Code: 33179

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: Arthur August — DATE
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | [X] DELETE |
| NAME | DEVTSCH, KENNETH | |
| STREET ADDRESS | 19595 N.E. 10TH AVE. BULD 5-G | |
| CITY-ST-ZIP | N. MIAMI BCH. FL 33179 | |
| TITLE | SD | [X] DELETE |
| NAME | KASEN, RICHARD | |
| STREET ADDRESS | 19595 N.E. 10TH AVE. BULD. 5-G | |
| CITY-ST-ZIP | N. MIAMI BCH. FL 33179 | |
| TITLE | VD | [X] DELETE |
| NAME | GREEN, BARRY N | |
| STREET ADDRESS | 19595 N.E. 10TH AVE. BULD. 5-G | |
| CITY-ST-ZIP | N. MIAMI BCH. FL 33179 | |
| TITLE | TD | [ ] DELETE |
| NAME | AUGUST, ARTHUR | |
| STREET ADDRESS | 19595 N.E. 10TH AVE. BULD. 5-G | |
| CITY-ST-ZIP | N. MIAMI BCH. FL 33179 | |
| 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 | P/T/D | [X] Change [ ] Addition |
| 1.2 NAME | ARTHUR AUGUST | |
| 1.3 STREET ADDRESS | 19595 NE 10 AVE, BLDG 5 G-H | |
| 1.4 CITY-ST-ZIP | ~~N MIAMI BEACH, FL 33179~~ | |
| 2.1 TITLE | | [ ] Change [ ] Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | V/S | [ ] Change [X] Addition |
| 3.2 NAME | DENISE AUGUST | |
| 3.3 STREET ADDRESS | 19595 NE 10 AVE, BLDG 5 G-H | |
| 3.4 CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 | |
| 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 | | |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Arthur August - OFFICER — 7/02/96 — (305)655-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0065816 CP