

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

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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000094008 (7)

1. Corporation Name
306052 DONUTS, INC.



Principal Place of Business 20256 HACIENDA COURT BOCA RATON FL 33498	Mailing Address 20256 HACIENDA COURT BOCA RATON FL 33498-6601
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3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0551686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent
**FALLAH, MANOOCHI M
20256 HACIENDA COURT
BOCA RATON FL 33498**

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE P	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALLAH MOGHADDAM, MEHRDAD	1.2 NAME
STREET ADDRESS 1900 N. FEDERAL HWY.	1.3 STREET ADDRESS
CITY - ST - ZIP FT. LAUDERDALE FL 33305	1.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE VP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAHEDI, HAMID R	2.2 NAME
STREET ADDRESS 2250 W. SAMPLE RD.	2.3 STREET ADDRESS
CITY - ST - ZIP POMPANO BEACH FL 33073	2.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE S	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALLAH MOGHADDAM, MANOOCHHEHR	3.2 NAME
STREET ADDRESS 20256 HACIENDA CT.	3.3 STREET ADDRESS
CITY - ST - ZIP BOCA FL 33498	3.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE VP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALLAH MOGHADDAM, JEANETTE	4.2 NAME
STREET ADDRESS 20256 HACIENDA CT.	4.3 STREET ADDRESS
CITY - ST - ZIP BOCA FL 33498	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: *[Signature]* **4-10-97** **954-974-7494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)