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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045738 (7)

330262 DONUTS, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address -8390 WEST HILLSBORD BLVD: 3390 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD-BEACH FL 09442-9403 20256 Hacienda 3. Date Incorporated or Qualified Boca Ration FI 3a. Date of Last Report 05/23/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 LOLSE HAUCHON 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be BOGA 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE 17TH FLOOR Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33131** 83 84 Zin 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITI F 1.1 TITLE PRESIDEN ? Change Addition NAME 1.2 NAME MAHORHOAN F. MOGHADOAM STREET ADDRESS 1.3 STREET ADDRESS HACIONO A COURT CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME HAMID STREET ADDRESS 2.3 STREET ADDRESS Dinner key 19832 FI CITY-ST-ZIP 2 4 CITY - ST - ZIP Fallah Moghaddan Change TITLE □ DELETE 3.1 TITLE Addition Court NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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.