

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000094260 (2)**  
1. Corporation Name  
**DOWNTOWN DONUTS, INC.**



Principal Place of Business <b>3390 W. MILLSBORO BLVD DEERFIELD BEACH FL 33442</b>	Mailing Address <del>3000 W. MILLSBORO BLVD DEERFIELD BEACH FL 33442-9403</del> <b>20256 Hacienda Court Boca Raton Fl 33498</b>
---	---

3. Date Incorporated or Qualified <b>11/18/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0718303</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>20256 HACIENDA CT</b>
22 City & State	27 <b>BOCA RATON, FL</b>
23 Zip	28 <b>33498</b>
24 Country	29 <b>FLORIDA</b>

9. Name and Address of Current Registered Agent <b>CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE 17TH FLOOR MIAMI FL 33131</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.2 NAME	<b>MANUCHETHA F. MOHAMMADAM</b>	
STREET ADDRESS	1.3 STREET ADDRESS	<b>20256 HACIENDA COURT</b>	
CITY - ST - ZIP	1.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33498</b>	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME	<b>HAMID R. ZAHEDI</b>	
STREET ADDRESS	2.3 STREET ADDRESS	<b>19832 Dinner Key Dr.</b>	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	<b>Boca Raton Fl 33498</b>	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	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		

400002172304  
-05/09/97--01002--004  
\*\*\*165.00

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: \_\_\_\_\_ DATE: **4-10-97** DAYTIME PHONE #: **954-974-7494**

CR2E034 (9/96)