

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K25493** (3)

1. Corporation Name

BISCAYNE BAGEL, INC.



Principal Place of Business

Mailing Address

**20801 BISCAYNE BOULEVARD
SUITE 304
AVENTURA FL 33180
US**

**20801 BISCAYNE BOULEVARD
SUITE 304
AVENTURA FL 33180
US**

3. Date Incorporated or Qualified

06/06/1988

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0063970

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 ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEMAN, DENNIS A., PA
1001 IVES DAIRY ROAD
SUITE 206
MIAMI FL 33179**

*20801 Biscayne Blvd
Suite 304
Aventura, FL 33180*

81

Name
Freeman, Dennis B., P.A.

82

Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Blvd., Suite 304

83

84

City
Aventura

FL

85

Zip Code
33180-1422

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 of officer or director of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**P
FREEMAN, DENNIS B.
20801 BISCAYNE BOULEVARD, SUITE 304
AVENTURA FL**

TITLE ☐ DELETE

NAME
**VP
FRIEDMAN, NORMAN
520 NW 165 STATE ROAD #102
MIAMI FL**

TITLE ☐ DELETE

NAME
**ST
FRIEDMAN, NORMAN
520 NW 165 ST. RD., #102
MIAMI FL**

TITLE ☐ DELETE

NAME
**STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

NAME
**STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

NAME
**STREET ADDRESS
CITY-ST-ZIP**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis B. Freeman, President

1/18/96

305-682-8500

Date

Daytime Phone #

CR2E034 (12/95)