
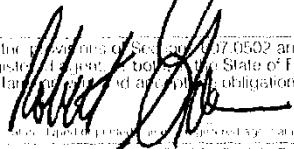
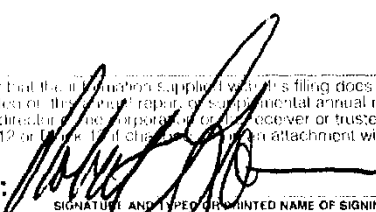


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 475436 1. Corporation Name RO-MEN CORP. D/B/A Bagel BAR			
Principal Place of Business 18515 NE 18th Avenue North Miami Beach, FL 33179		Mailing Address 18515 NE 18th Avenue North Miami Beach, FL 33179	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		3a. Date of Last Report 050875 1/25/96 4. FEI Number 59-1594587 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Martin Allman 17064 West Dixie Highway North Miami Beach, FL 33160		10. Name and Address of New Registered Agent 81. Name Robert Goldman 82. Street Address (P.O. Box Number is Not Acceptable) 18515 NE 18th Ave. 83. 84. City North 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, 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 of the corporation and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE  Robert Goldman V.P. DATE 4-2-97			
12. OFFICERS AND DIRECTORS 12.1 NAME President <input type="checkbox"/> DELETE Melvin Goldman 12.2 STREET ADDRESS 21150 Point Place #806 Aventura, FL 33180 12.3 CITY, ST, ZIP 12.4 TITLE Vice President <input type="checkbox"/> DELETE Robert Goldman 12.5 STREET ADDRESS 18515 NE 18th Avenue North Miami Beach, FL 33179 12.6 CITY, ST, ZIP 12.7 TITLE 12.8 NAME <input type="checkbox"/> DELETE 12.9 STREET ADDRESS 12.10 CITY, ST, ZIP 12.11 TITLE 12.12 NAME <input type="checkbox"/> DELETE 12.13 STREET ADDRESS 12.14 CITY, ST, ZIP 12.15 TITLE 12.16 NAME <input type="checkbox"/> DELETE 12.17 STREET ADDRESS 12.18 CITY, ST, ZIP 12.19 TITLE 12.20 NAME <input type="checkbox"/> DELETE 12.21 STREET ADDRESS 12.22 CITY, ST, ZIP 12.23 TITLE 12.24 NAME <input type="checkbox"/> DELETE 12.25 STREET ADDRESS 12.26 CITY, ST, ZIP 12.27 TITLE 12.28 NAME <input type="checkbox"/> DELETE 12.29 STREET ADDRESS 12.30 CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST, ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST, ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, ST, ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY, ST, ZIP 13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY, ST, ZIP 13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY, ST, ZIP 13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY, ST, ZIP 13.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY, ST, ZIP 13.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY, ST, ZIP 13.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY, ST, ZIP 13.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY, ST, ZIP 13.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY, ST, ZIP 13.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY, ST, ZIP 13.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY, ST, ZIP 13.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY, ST, ZIP 13.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY, ST, ZIP 13.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY, ST, ZIP 13.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY, ST, ZIP 13.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY, ST, ZIP 13.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY, ST, ZIP 13.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY, ST, ZIP 13.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY, ST, ZIP 13.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY, ST, ZIP 13.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY, ST, ZIP	
14. I declare and 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 furnished 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. I am an officer or director of the corporation or a 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 of this report as an attachment with an address.			
SIGNATURE: 		Robert Goldman 4/2/97 (805) 932-8314	

CR2E034 (9/96)