

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: **20801 BISCAYNE BOULEVARD SUITE 304 AVENTURA FL 33180 US**
Mailing Address: **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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**FREEMAN, DENNIS A., PA
1001 IVES DAIRY ROAD
SUITE 206
MIAMI FL 33179**

10. Name and Address of New Registered Agent
81. Name: **Freeman, Dennis B., P.A.**
82. Street Address (P.O. Box Number is Not Acceptable): **20801 Biscayne Blvd., Suite 304**
83. City: **Aventura**
84. State: **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]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FREEMAN, DENNIS B.	
STREET ADDRESS	20801 BISCAYNE BOULEVARD, SUITE 304	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, NORMAN	
STREET ADDRESS	520 NW 165 STATE ROAD #102	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, NORMAN	
STREET ADDRESS	520 NW 165 ST. RD., #102	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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]* **Dennis B. Freeman, President** Date: **1/18/96** Daytime Phone #: **305-682-8500**

CR2E034 (12/95)