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



1	PROFIT RPORATION	+ <b>40</b> (4)	RTMENT OF STATE	Apr 11 19	997 8:00am
ANNU	JAL REPORT 1997	Secreta	ry of State	I	ry of State
DOCUI	MENT # M6416 NAME DONUTS, INC.	5 (7)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BIBLI BIBLI BARK BARK BIGU AADU IBBL
Frincipal Place of Business Mailing Address  * MARIANO SANTOS  \$5 N.W. 167TH ST.  N MIAMI BEACH FL 33169  Mailing Address  * MARIANO SANTOS  \$6 N.W. 167TH ST.  N MIAMI BEACH FL 33169-6017				3. Date Incorporated or Qualified 01/08/1988	3a. Date of Last Report 04/16/1996
	tace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.		65-0004814	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes No
[24]	25   9. Name and Address of Curre	29  ent Registered Agent	[30]	10. Name and Address of New Re	
N M	N.W. 167TH ST. IAMI BEACH FL 33169		63 84 City	ldress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
11. Pursuant office or ragent Ha	egistered agent, or both, in the Sta m familiar with land accept the obli	te of Florida. Such change was gations of, Section 607.0505, Fl	tes, the above-named or authorized by the corpo orida Statutes.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
	Signature Typical or printed name of registered a	gent and title if applicable (NOI ND DIRECTORS	E: Registered Agent signature re-	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12.	D	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SANTOS, MARIANO		1.2 NAME		
SCREET ADDRESS	95 N.W. 167 ST.		1.3 STREET ADDRESS		
CHY-S1-ZIP	N MIAMI BEACH FL	- OFICE	1.4 CITY - ST - ZIP		Character I delicate
THEE NAME	D SANTOS, JORGE	L] DELETE	2.1 TITLE 2.2 NAME		Change  Addition
STREAT ADDRESS	95 N.W. 167 ST.	4	2.3 STREET ADDRESS		
City-St Zip	N MIAMI BEACH FL		2. 4 CITY-ST-ZIP		
TICLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		OELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		bod vereib	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY : ST - 74°	·······	·····	4.4 CHY-ST-ZIP		
THLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STEEL ADDRESS			5.3 STREET ADDRESS		
CHY-S*-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		<b>-</b>	6.2 NAME		· · · · · · · · · · · · · · · · · · ·

6.4 CITY-ST-ZIP 14. I do hereby ccrt ty 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 oddress.

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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