

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 # **M74200** (0)

1. Corporation Name

**BAGELAND OF BOCA RATON EAST, INC.**



Principal Place of Business

**1501 SW 5TH CT.  
BAY C  
POMPANO BEACH FL 33069  
US**

Mailing Address

**1501 SW 5TH CT.  
BAY C  
POMPANO BEACH FL 33069  
US**

3. Date Incorporated or Qualified <b>03/29/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0102415</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FIDEL, JORGE  
1501 S.W. 5 COURT, BAY C  
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	SILBER, NESTOR	2. NAME	
STREET ADDRESS	1501 S.W. 5 COURT, BAY C	3. STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4. CITY - ST - ZIP	
TITLE		5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY - ST - ZIP		8. CITY - ST - ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		25. TITLE	
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY - ST - ZIP		28. CITY - ST - ZIP	
TITLE		29. TITLE	
NAME		30. NAME	
STREET ADDRESS		31. STREET ADDRESS	
CITY - ST - ZIP		32. CITY - ST - ZIP	
TITLE		33. TITLE	
NAME		34. NAME	
STREET ADDRESS		35. STREET ADDRESS	
CITY - ST - ZIP		36. CITY - ST - ZIP	
TITLE		37. TITLE	
NAME		38. NAME	
STREET ADDRESS		39. STREET ADDRESS	
CITY - ST - ZIP		40. CITY - ST - ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
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STREET ADDRESS		47. STREET ADDRESS	
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TITLE		49. TITLE	
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STREET ADDRESS		51. STREET ADDRESS	
CITY - ST - ZIP		52. CITY - ST - ZIP	
TITLE		53. TITLE	
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STREET ADDRESS		55. STREET ADDRESS	
CITY - ST - ZIP		56. CITY - ST - ZIP	
TITLE		57. TITLE	
NAME		58. NAME	
STREET ADDRESS		59. STREET ADDRESS	
CITY - ST - ZIP		60. CITY - ST - ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	
TITLE		65. TITLE	
NAME		66. NAME	
STREET ADDRESS		67. STREET ADDRESS	
CITY - ST - ZIP		68. CITY - ST - ZIP	
TITLE		69. TITLE	
NAME		70. NAME	
STREET ADDRESS		71. STREET ADDRESS	
CITY - ST - ZIP		72. CITY - ST - ZIP	
TITLE		73. TITLE	
NAME		74. NAME	
STREET ADDRESS		75. STREET ADDRESS	
CITY - ST - ZIP		76. CITY - ST - ZIP	
TITLE		77. TITLE	
NAME		78. NAME	
STREET ADDRESS		79. STREET ADDRESS	
CITY - ST - ZIP		80. CITY - ST - ZIP	
TITLE		81. TITLE	
NAME		82. NAME	
STREET ADDRESS		83. STREET ADDRESS	
CITY - ST - ZIP		84. CITY - ST - ZIP	
TITLE		85. TITLE	
NAME		86. NAME	
STREET ADDRESS		87. STREET ADDRESS	
CITY - ST - ZIP		88. CITY - ST - ZIP	
TITLE		89. TITLE	
NAME		90. NAME	
STREET ADDRESS		91. STREET ADDRESS	
CITY - ST - ZIP		92. CITY - ST - ZIP	
TITLE		93. TITLE	
NAME		94. NAME	
STREET ADDRESS		95. STREET ADDRESS	
CITY - ST - ZIP		96. CITY - ST - ZIP	
TITLE		97. TITLE	
NAME		98. NAME	
STREET ADDRESS		99. STREET ADDRESS	
CITY - ST - ZIP		100. CITY - ST - ZIP	

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 registered 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NESTOR SILBER

4/12/96

954-942-7338

Date

Daytime Phone

CR2E034 (12/95)