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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000074601 (4)

K & H BAGEL, INC.

## **FILED** Jan 16 1997 8:00am Secretary of State



Principal Place of Business Maing Address 11100 SW 128TH STREET 11100 SW 128TH STREET MIAMI FL 33176 MIAMI FL 33178-5468					***************************************	-			
						<ol> <li>Date Incorporated or Qualified</li> <li>10/21/1993</li> </ol>		e of Last f )1/1996	
2. Principal 21	Place of Business	2a. Mailing Address 26	<sub>1</sub>			4. FEI Number Applied Fc 65-0445227 Not Applie			Applied For Not Applicable
Suite, Ap	t #, etc	Suite, Apt. #, etc.	running .			5. Certificate of Status Desired See Required Fee Required			
City & St	ate	····				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip <b>24</b>	25 29			intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Currer	nt Registered Agent		_		10. Name and Address of New Re	gistered A	gent	
	urgan, Kadri H			81	Name				
11100 S.W. 128TH STREET MIAM! FL 33178				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
·····				83					
				84	City		FL	<b>85</b> Zip	Code
SIGNATURE	Signal vis Typic or prins dinary of its a denial age OFFICERS AN	D DIRECTORS	13.		en signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE			
TITLE	D CHOOM KADOLU	DELETE.	111		-			Change	Addition
NAME	GURGAN, KADRI H 11100 SW 128TH STREET		12 N						
STREET ADDRESS	MIAMI FL 33176				ADDRESS				
CITY+SI+ZIP THLE	D D	DELETE			iT- ZIP			Change	Addition
NAME	KAYNATMA, HALIL		2.2 N				•	*	
STREET ADORESS			2.3 5	TREET	ADDRESS				
CHY-S1-Z0F	HOLLYWOOD FL 33019				ST - ZIP			<del></del> -	
TATE		☐ DÉLETE	3,1 [					☐ Change	Addition
NAM{			3.2 N		ADDRESS.				
STREET ADDRESS	5				ADDRESS ST-ZIP				
CITY - ST - 7IP	, , , , , , , , , , , , , , , , , , ,	DELETE	4.1 1		21 TIL	········· <del>····························</del>		Change	Addition
NAME		—		IAME	\				<del></del>
STREET ADDRESS	S		4.3 S	TREET	ADORESS				
City - St - ZIP			44 C	IIY- 5	57 - ZIP				
TITLE		DELETE	517	TLE	-	····		Change	Addition
NAME			52 N						
STREET ADDRESS	\$		1		ADDRESS				
CHTY+S1+7IF		DELETE			ST-ZIP			Change	Addition
1.TLE NAME		FT DETER	6.1 T					change	CT Addition
NAME STREET ADDRESS	c .	_	6.2 N		ADDRESS				
ł	°				ST-ZIP				
CITY-ST-7:F	i		040	111-3	11 - Z1r				

14. I do hereby certify that the information supplied wy 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 supplier ential 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 We refered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1344 changed, or other understanding the same legal effect as if made under oath; that appears in Block 12 or Block 1344 changed, or other understanding the same legal effect as if made under oath; that I am an officer or director of the corporation of the refered as if made under oath; that I am an officer or director of the corporation of the co

SIGNATURE: X

PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

305-854-0336