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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074601

LO LI DAOEL INO

FILED Jan 30, 1999 8:00am Secretary of State

01-30-1999 90005 006 ***150.00

K & H B	BAGEL, INC.							NG GEO BIEN BANK		
Principal Place		Mailing Address								
11100 SW 128TH STREET 11100 SW 128TH STREET MIAMI FL 33176 MIAMI FL 33176		ET								
MIAMI FL 331/6 MIAMI FL 331/0						DO NOT WRITE IN THIS SPACE				_
						3. Date Incorporated or Qua	alifed]
						10/21/1993				1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For	13
21		26				65-0445227			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desir	ed 🗌	\$8.75 / Fee Re		"
City & State		City & State	·		* * * * * * * * * * * * * * * * * * * *	6. Election Campaign Finan	cina	\$5.00		 -
23	-	28				Trust Fund Contribution	Ca 🗆	Added 1		
Zip	Country	Zip	Cou	untry		g. This corporation owes the	current year	Intangible		1
24	25	29	30			Personal Property Tax.		≱ Yes	□No	
	9. Name and Address of Curren			ļ.,		10. Name and Address of F	lew Register	ed Agent		4
CUD				81	Name					
GURGAN, KADRI H		•		82	Street Addr	ess (P.O. Box Number is Not Ad	ceptable)			1
	MI FL 33176			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.1. J. 811 d. 61.5 K. 111.	(4) (A) (A) (A)	1
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				84	City	rant to the a will be to	F	85 "Zip (Code	
	•			1 1						
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida S	atutes, the a	bove-r	named corp	oration submits this statement for		of changing its	registered	
11. Pursuant office or n	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida St of Florida. Such change w tions of Section 607.0505	atutes, the a as authorized Florida Stat	bove-r	named corporation	oration submits this statement form's board of directors. I hereby		of changing its pointment as re	registered gistered	
agent. Į a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida St of Florida. Such change w tions of, Section 607.0505	atutes, the a as authorize Florida Stat	bove-r d by the tutes.	named corporation	oration submits this statement for submits the statement for submits board of directors. I hereby		of changing its pointment as re	registered gistered	
11. Pursuant office or ragent. I a	im ramiliar with, and accept the obligation of registered ager	nt and title if applicable.	rionga Stat	wes.		oration submits this statement for on's board of directors. I hereby 			registered gistered	(á)
agent. I a SIGNATURE	im familiar with, and accept the obligation of signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (I	NOTE: Registered	d Agent si		d when reinstating)*;;;;;;; ADDITIONS/CHANGES T	or the purpose accept the ap	AND DIRECTO	RS IN 12	1/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable.	NOTE: Registered	d Agent si		d when reinstating) * (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	or the purpose accept the ap			(41/08)
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D GURGAN, KADRI H	nt and title if applicable. (I	NOTE: Registered 13. 1.1 Till 1.2 N	d Agent si	ignature required	d when reinstating)*;;;;;;; ADDITIONS/CHANGES T	or the purpose accept the ap	AND DIRECTO	RS IN 12	03/ (11/08)
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14. I hereby 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 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 receive 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, dr on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRIME ON SIGNING OFFICER OR DIRECT

305 - 854-0336