FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

99 MAR 19 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074945 (4)

1. Corporation Name

BAGEL BABE INC.

Principal Place of Business	Mailing Address
861 IXORA LANE PLANTATION, FL 33324	861 IXORA LANE PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date In Corporate Qualified: 10/07/1994

4. FEI Number: 65-0529328 [ ] 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 owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 861 IXORA LANE	26 861 IXORA LANE
Suite, Apt. #, etc 22 PLANTATION	Suite, Apt. #, etc 27 PLANTATION
City & State 23 FLORIDA 33324	City & State 28 FLORIDA 33324
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent

GARCIA MARIBEL
861 IXORA LANE
PLANTATION, FLORIDA 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 861 IXORA LANE

84 City PLANTATION FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Maribel Garcia MARIBEL GARCIA 3-13-99
Signature Typed or Printed Name of Registered Agent (Must Be Accompanied by completed Form 1583) Date

12. OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTS [ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	GARCIA MARIBEL	12 NAME
STREET ADDRESS	861 IXORA LANE	13 STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FLORIDA 33324	14 CITY-ST-ZIP
TITLE	[ ] DELETE	21 TITLE
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY-ST-ZIP		24 CITY-ST-ZIP
TITLE	[ ] DELETE	31 TITLE [ ] Change [ ] Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

P99000028082--7
-03/30/99--01029--014
****150.00 ****150.00

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: Maribel Garcia MARIBEL GARCIA President 3-13-99 (954) 581-6862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #