FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State

DIVISION OF CORPORATIONS

1996

P95000045590 (3)

DOCUMENT #

1. Corporation Name

SIGNATURE:

BAGELAND TRANSWORLD, INC.

DAGLEA	IN HIMOTOTICS INC.				
Principal Place of Business Mailing Address 300 SOUTH PINE ISLAND ROAD. SUITE 304 PLANTATION FL 33324 PLANTATION FL 33324 Mailing Address 300 SOUTH PINE ISLAN PLANTATION FL 33324			ND ROAD. SUITE 304	- (1993/1981 (178 1916) Etilit Spiri spiri, Spiri	
				3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report
2. Principal Place	e of Business	2a, Mailing Address		4. FEI Number	Applied For
1 1501	s.w. 5ct.	26 1501 5.H	1. 5cf. "C	65-059845	
Suite, Apt #,		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ano Beach Fl	City & State 28 10 11 10 10 15	each Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 💆	Country	Zip	Country	8. This corporation has trability for Florida Statutes	⊲ntangible tax under s. 199.032, ; No
4 330	25 9 Name and Address of Curre	pt Ponistered Agent	30	10. Name and Address of New F	-
	g. Name and Address of Curre	nt Registered Agent	81 Name		
CADDOW	, JEFFREY A ESQ.		<u> </u>	SILBER, NESTO	ola:
MOUNTS	r, Jepphet a esg. Th pine Island Road, Suit	F 304	82 Street Addr	ress (P.O. Box Number is Not Acceptal	F Bay C.
	10N FL 33324	L 001	83		
T D WITTO	1011 12 00021		04 04		85 Zip Code
4			84 City	MODAO BEACK	FL <i>33069</i>
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es the above named corpo	ation submits this statement for the nu	rmose of changing its registered officionitment as registered agent. I am
or registered	d agent, or both, in the State	ida: Such change was authorize aon 607.0505, Florida Statutes	ed by the corporation's boa ·	and of directors. I hereby accept the app	
SIGNATURE			e) /	5	-/28/96
SIGNATURE			the Hogoleand Agent Agent of the test	Keiki Si	FICERS AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS CHANGES TO OF	Change Addition
TIFLE	SILBER, NESTOR	☐ D€LE1E	1 1 TITLE		
NAME	1501 S.W. 5TH COURT BA	v c	1.2 NAME 1.3 STREET ADDRESS		
STREE1 ADDRESS	POMPANO BEACH FL 3306		14 CHY-Si ZIP		
CITY+S1-ZIP TITLE	D	DELETE	2 1 ftTtE		Change Addition
NAME	FIDEL, JORGE		2 2 NAME		
STREET ADDRESS	1501 S.W. 5TH COURT BA	Y C	23 STREET ADDRESS		
CITY-ST-2IP	POMPANO BEAH FL 33069	•	24 CITY - ST - Z-P		
TITLE		DELETE	3 1 101LF	_	Change Addition
NAME			3 2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	4 1 TITLE		C Guidande C Modullo (
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CHY SI-20F 5.1 TUTLE	1000015	Change Addition
THTLE		Li beccit	5.2 NAME	1000018 -06/04/360	1015037
NAME .			5.3 STREET ACORESS	***200.00	
STREET ADDRESS			5.4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE		DELETE	6 1 TITLE		Change Ad tion
NAME		_	6.2 NAME		12016
STREET ADDRESS			6.3 STHEFT ADDRESS		5712
DIT: 01 110			6.4 CITY - ST - ZIP		<u> </u>
14. I do hereb certify that oath: that			mished and does not qualify nual report is true and accu ee empowered to execute t	of the exemption stated in Section 11 rate and that my signature shall have the this report as required by Chapter 607,	

JORGE FIDEL (V.R.)
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 6-4)442-7338