FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000048047 (1)**

1. Corporation Name

PRESTIGE BAGELS, INC.

Principal Place of Business	Mailing Address
891 SE 4TH STREET HIALEAH FL 33010	891 SE 4TH STREET HIALEAH FL 33010

3. Date Incorporated or Qualified: **06/20/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21: 1689 WEST 33 PLACE
22: Suite, Apt. #, etc.
23: City & State: HIALEAH FLA
24: Zip: 33012 | 25: Country: DADE

2a. Mailing Address
26: 1689 WEST 33 PLACE
27: Suite, Apt. #, etc.
28: City & State: HIALEAH FLA
29: Zip: 33012 | 30: Country: DADE

4. FEI Number: 65-0588980 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRUZ, A. ESMERALDA
891 SE 4TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: A ESMERALDA CRUZ — 4/30/96
Signature, typed or printed name of registered agent, and date, if applicable (NOTE: Registered agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRUZ, JOSE M		1.2 NAME		
STREET ADDRESS	1329 SW 72ND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE	PRES, SEC, TREA, DIRECTOR	☒ Change ☐ Addition
NAME	CRUZ, A. ESMERALDA		2.2 NAME	A. ESMERALDA CRUZ	
STREET ADDRESS	891 SE 4TH STREET		2.3 STREET ADDRESS	891 S.E 4ST	
CITY-ST-ZIP	HIALEAH FL 33010		2.4 CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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.

SIGNATURE: A ESMERALDA CRUZ — 4/30/96 — (305) 557-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)