

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000089812 (8)

1. Corporation Name
BAU BAU BROTHERS, INC.



Principal Place of Business: 460 SUNSET DRIVE HALLANDALE FL 33009
Mailing Address: 460 SUNSET DRIVE HALLANDALE FL 33009

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 11/27/1995
3a. Date of Last Report
4. FEI Number: Applied For
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 [X]

9. Name and Address of Current Registered Agent
EFFRAIM, ISAC
460 SUNSET DRIVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	EFFRAIM, ISAC	STREET ADDRESS	460 SUNSET DRIVE	CITY-ST-ZIP	HALLANDALE FL 33009	DELETE
TITLE	V	NAME	EFFRAIM, DAVID	STREET ADDRESS	460 SUNSET DRIVE	CITY-ST-ZIP	HALLANDALE FL 33009	DELETE
TITLE	D	NAME	EFFRAIM, AMIR N	STREET ADDRESS	460 SUNSET DRIVE	CITY-ST-ZIP	HALLANDALE FL 33009	DELETE
TITLE	S	NAME	EFFRAIM, YARON	STREET ADDRESS	460 SUNSET DRIVE	CITY-ST-ZIP	HALLANDALE FL 33009	DELETE
TITLE	T	NAME	EFFRAIM, ISAC	STREET ADDRESS	460 SUNSET DRIVE	CITY-ST-ZIP	HALLANDALE FL 33009	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP
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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)(k), Florida Statutes. I further certify that the information indicated on this 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: _____ DATE: 2/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ (954) 454-9813

CR2E034 (12/95)

Handwritten notes and signatures