

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

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000052167 (9)

1. Corporation Name

MIRO BAGEL FACTORY, INC.

Principal Place of Business

6671 WEST INDIANTOWN ROAD STE 62
JUPITER FL 33477

Mailing Address

6671 WEST INDIANTOWN ROAD STE 62
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

NOT APPLICABLE

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business
21 4368 NORTH LAKE BLVD.

2a. Mailing Address
26 612 N. ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 PALM BEACH GARDENS FL

27 City & State
28 JUPITER FL

24 33410

25 PALM BCH.

29 33458

30 PALM BCH.

9. Name and Address of Current Registered Agent

VAN KEUREN, PETER S ESQ.
1001 ALTERNATE A1A
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
MICHAEL J. CIOFFI
82 Street Address (P.O. Box Number is Not Acceptable)
612 N. ORANGE AVE.
83 SUITE D-5
84 City
JUPITER FL 85 33458

11. Pursuant to the provisions of Sections 607.0505 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 MICHAEL J. CIOFFI PRESIDENT 2-5-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--------|
| TITLE | D | DELETE |
| NAME | VAN KEUREN, PETER S ESQ. | |
| STREET ADDRESS | 1001 ALTERNATE A1A | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | D | DELETE |
| NAME | CIOFFI, MICHAEL J | |
| STREET ADDRESS | 6671 WEST INDIANTOWN ROAD STE 62 | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | D | DELETE |
| NAME | VEGLIA, ROBERT | |
| STREET ADDRESS | 6671 WEST INDIANTOWN ROAD STE 62 | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MICHAEL J. CIOFFI |
| 2.3 STREET ADDRESS | 612 N. ORANGE AVE. SUITE D-5 |
| 2.4 CITY-ST-ZIP | JUPITER FL 33458 |
| 3.1 TITLE | VIC. PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ROBERT A. VEGLIA |
| 3.3 STREET ADDRESS | 612 N. ORANGE AVE. SUITE D-5 |
| 3.4 CITY-ST-ZIP | JUPITER FL 33458 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: MICHAEL J. CIOFFI PRES. (561) 745-0488

CR2E034 (10/97)