

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 044 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000017101

Corporation Name
NORTH MIAMI BAGELS, INC.



Principal Place of Business 0 POINT PLACE 806 AVENTURA FL 33180	Mailing Address 21150 POINT PLACE APT 806 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1998		4. FEI Number 65-0816883		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent HECHT, ALAN R 21150 POINT PLACE APT 806 AVENTURA FL 33180				10. Name and Address of New Registered Agent					
81 Name Melvin Goldman		82 Street Address (P.O. Box Number is Not Acceptable) 21150 Point Place, Apt. 806		83		84 City Aventura		85 Zip Code FL 33180	

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.

NATURE: *Melvin Goldman* (Signature) DATE: 7-15-99
 (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME D, P, T, S GOLDMAN, MELVIN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
1.3 STREET ADDRESS 21150 POINT PLACE, APT 806	1.4 CITY-ST-ZIP AVENTURA FL 33180	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME D Goldman, JoAnn
2.1 TITLE <input type="checkbox"/> DELETE	2.2 NAME Goldman, JoAnn	2.3 STREET ADDRESS 21150 Point Place, #806	2.4 CITY-ST-ZIP Aventura, FL 33180
2.3 STREET ADDRESS 1075 Lyontree Street	2.4 CITY-ST-ZIP Hollywood, FL 33019	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME D, V Brause, Daniel
3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME D, VP Goldberg, Todd	3.3 STREET ADDRESS 1075 Lyontree Street	3.4 CITY-ST-ZIP Hollywood, FL 33019
3.3 STREET ADDRESS 440 S. Park Road, #303	3.4 CITY-ST-ZIP Hollywood, FL 33021	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME D, V Goldberg, Todd
4.1 TITLE <input type="checkbox"/> DELETE	4.2 NAME	4.3 STREET ADDRESS 440 S. Park Road, #303	4.4 CITY-ST-ZIP Hollywood, FL 33021
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.1 TITLE <input type="checkbox"/> DELETE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
6.1 TITLE <input type="checkbox"/> DELETE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

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: *Melvin Goldman* SIGNATURE REQUIRED

DATE: 7-15-99

CR2E034 (5/99)