

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000002532 (8)**

1. Corporation Name

BABE, INC.



Principal Place of Business

Mailing Address

**380 VALLEY DRIVE
BRISBANE CA 94005**

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BRISBANE CA 94005**

3. Date Incorporated or Qualified **05/24/1995** 3a. Date of Last Report

2. Principal Place of Business **19575**

2a. Mailing Address

21 **Aventura Mall - Biscayne Blvd.**

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **Space 559**

27

City & State

City & State

23 **Miami, FL**

28

Zip

Country

Zip

Country

24 **33180**

25 **USA**

29

30

4. FEI Number **94-2450490**

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. 190.032
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-statuting)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PTD	MASHOUF, MANNY	380 VALLEY DRIVE BRISBANE CA		<input type="checkbox"/>
SD	MASHOUF, NEDA	380 VALLEY DRIVE BRISBANE CA		<input type="checkbox"/>
VD	MASHOUF, TRISH	380 VALLEY DRIVE BRISBANE CA		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
D	Mashouf, Neda	380 Valley Drive Brisbane, CA 94005		<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Moreno, Trish	380 Valley Drive Brisbane, CA 94005		<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Mashouf, Paul	380 Valley Drive Brisbane, CA 94005		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manny Mashouf, Director

6-21-96

(415) 715-3900

Date

Telephone Number

CR2E034 (3/96)