

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 # 573579 (0)

1. Corporation Name

DOUBLE G FOODS OF FLORIDA, INC.



Principal Place of Business

1611 NW 12TH AVENUE
MIAMI FL 33136-8005

Mailing Address

1611 NW 12TH AVENUE
MIAMI FL 33136-8005

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

g. Name and Address of Current Registered Agent

BAKST, ALVIN
1611 NW 12TH AVE.
MIAMI FL 33136

3. Date of Incorporation or Qualified
05/25/1978

3a. Date of Last Report
04/17/1995

4. FDI Number
59-2813156

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation is hereby authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers and directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person designated as registered agent

Signature of person designated as registered agent

Date

12. OFFICERS AND DIRECTORS

12.1	TITLE	PSD	☐ DELETE
12.2	NAME	BAKST, ALVIN	
12.3	STREET ADDRESS	1611 NW 12TH AVENUE	
12.4	CITY-STATE-ZIP	MIAMI FL	
12.5	TITLE		☐ DELETE
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY-STATE-ZIP		
12.9	TITLE		☐ DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		☐ DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		☐ DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	☐ Change ☐ Addition
13.5	TITLE	
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	☐ Change ☐ Addition
13.9	TITLE	
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	☐ Change ☐ Addition
13.13	TITLE	
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	☐ Change ☐ Addition
13.17	TITLE	
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(b), 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 in response to Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13, and is signed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 21, 96 305-545-9999

CR2E034 (12/95)