

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000006069 (7)

1. Corporation Name

DOULOUS INTERNATIONAL, INC.



Principal Place of Business

**6701 SUNSET DRIVE
SUITE 104
MIAMI FL 33143**

Mailing Address

**6701 SUNSET DRIVE
SUITE 104
MIAMI FL 33143**

3. Date Incorporated or Qualified
12/28/1995

3a. Date of Last Report

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 6701 Sunset Drive
Suite, Apt. #, etc.

22 Suite 104
City & State

23 Miami, Florida

24 33143
Zip

25 USA
Country

2a. Mailing Address

26 6701 Sunset Drive
Suite, Apt. #, etc.

27 Suite 104
City & State

28 Miami, Florida

29 33143
Zip

30 USA
Country

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

**81 Name
Max R. Price**

**82 Street Address (P.O. Box Number is Not Acceptable)
6701 Sunset Drive, Suite 104**

83

**84 City
Miami**

FL

**85 Zip Code
33143**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Max R. Price

5/3/96
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SEIVRIGHT, DAVE**
STREET ADDRESS **6701 SUNSET DRIVE, SUITE 104**
CITY - ST - ZIP **MIAMI FL 33143**

TITLE **D** ☐ DELETE
NAME **PRICE, MAX**
STREET ADDRESS **6701 SUNSET DRIVE, SUITE 104**
CITY - ST - ZIP **MIAMI FL 33143**

TITLE **SD** ☐ DELETE
NAME **NICHOLAS, PHILIP N**
STREET ADDRESS **14765 BRACKNESS PLACE**
CITY - ST - ZIP **MIAMI LAKES FL 33016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

David C. Seivright

Date

Daytime Phone #

305-669-4511

CR2E037 (12/95)