

**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 # **P93000005387 (4)**

1. Corporation Name  
**DDC OSTRICH QUARANTINES, INC.**



Principal Place of Business: **3890 NW 132 ST BAY F OPA LOCKA FL 33054**  
Mailing Address: **3890 NW 132 ST BAY F OPA LOCKA FL 33054**

3. Date Incorporated or Qualified: **01/14/1993**  
3a. Date of Last Report: **08/15/1995**  
4. FEI Number: **65-0386313**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; County  
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; County

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

9. Name and Address of Current Registered Agent  
**VORSTER, COLIN JOHN  
3890 NW 132 ST  
BAY F  
OPA LOCKA FL 33054**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. They do accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VORSTER, COLIN JOHN	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORSTER, COLIN JOHN	12 NAME	
STREET ADDRESS	3890 NW 132 ST BAY F	13 STREET ADDRESS	
CITY, ST, ZIP	OPA LOCKA FL	14 CITY, ST, ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROBBELAAR, PIETER JSVH	22 NAME	
STREET ADDRESS	7006 LOCH ISLE DR N	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI LAKES FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 statute in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 officer 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 in this report or supplemental report with an address.

SIGNATURE: *[Signature]* **C. J. Vorster**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
305 8284423

CR2E034 (12/95)