FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 19 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000018419 (0)

1. Corporation Name

DOUBLE DUTCH, INC.

Principal Place of Business: 1905 COLLINS AVE. MIAMI BEACH FL 33139

Mailing Address: 1905 COLLINS AVE. MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 03/11/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0402902 — [ ] 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. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business / 2a. Mailing Address

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

9. Name and Address of Current Registered Agent

CORNELISSE, FRANK
1905 COLLINS AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	~~PSD~~
NAME	~~BONTENBAL, RON~~
STREET ADDRESS	~~1905 COLLINS AVE.~~
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~
TITLE	VTD
NAME	CORNELISSE, FRANK
STREET ADDRESS	1905 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	president / secretary	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntary, [illegible] Florida Statutes. [illegible]

SIGNATURE: [signature] 05 15-95 (305) 673-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0140860 CP