

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

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City & State

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Zip

Country

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNELISSE, FRANK  
1905 COLLINS AVE.  
MIAMI BEACH FL 33139

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 of the principal place of business of registered agent, if different applicable

(NOTE: Registered Agent's signature, reserved when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PSD  
BONTENBAL, RON  
1905 COLLINS AVE.  
MIAMI BEACH FL 33139  
VTDP  
CORNELISSE, FRANK  
1905 COLLINS AVE.  
MIAMI BEACH FL

DELETE

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1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
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59. STREET ADDRESS  
60. CITY-STATE-ZIP  
61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 607, 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

Frank Cornelisse

1-27-96

Date:

(305) 673-8811

Daytime Phone #

CR2E034 (12/95)