

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

5:11 - 1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023181 (8)

1. Corporation Name

DIPPER DAN, ICE CREAM INC.

275

Principal Place of Business

**7900 N.W. 27TH AVE.
MIAMI FL 33147**

Mailing Address

**7900 N.W. 27TH AVE.
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number

65-0476473

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 No

9. Name and Address of Current Registered Agent

**MARQUEZ, ROSA
7900 N.W. 27TH AVE.
MIAMI FL 33147**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PSD**
NAME: **MARQUEZ, ROSA**
STREET ADDRESS: **8020 WEST DR., APT. 157**
CITY - ST - ZIP: **N. BAY VILLAGE FL 33145**

TITLE: **VI**
NAME: **SUAREZ, GERMAN**
STREET ADDRESS: **8020 WEST DR., APT. 157**
CITY - ST - ZIP: **N. BAY VILLAGE FL 33145**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: **PSD** Change Addition
12. NAME: **ROSA MARQUEZ**
13. STREET ADDRESS: **1801 SOUTH TREASURE DRIVE #209**
14. CITY - ST - ZIP: **N. BAY VILLAGE, FL. 33141**

21. TITLE: _____ Change Addition
22. NAME: _____
23. STREET ADDRESS: _____
24. CITY - ST - ZIP: _____

31. TITLE: _____ Change Addition
32. NAME: _____
33. STREET ADDRESS: _____
34. CITY - ST - ZIP: _____

41. TITLE: _____ Change Addition
42. NAME: _____
43. STREET ADDRESS: _____
44. CITY - ST - ZIP: _____

51. TITLE: _____ Change Addition
52. NAME: _____
53. STREET ADDRESS: _____
54. CITY - ST - ZIP: _____

61. TITLE: _____ Change Addition
62. NAME: _____
63. STREET ADDRESS: _____
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 stated in Section 110.07(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 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:

Rosa Marquez PSD
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

305-836-1074
Date (Month/Day/Year)