

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000038919 (4)

1. Corporation Name

DARLING WORLDWIDE, INC.



Principal Place of Business

2 SO BISAYNE BLVD.
3270
MIAMI FL 33131
US

Mailing Address

2 SO BISAYNE BLVD
3270
MIAMI FL 33131
US

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

10. Name and Address of New Registered Agent

ROZENCWAG, LESLIE A ESQ
ONE BISCAYNE TOWER - #3270
2 S. BISCAYNE BLVD.
MIAMI FL 32301

81

Name

David B. Dickenson, Esq.

82

Street Address (P.O. Box Number is Not Acceptable)

Dickenson, Murdoch, Rex & Sloan

83

980 North Federal Hwy., Ste. 410

84

City

Boca Raton

FL

Zip Code

33432

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 for 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 person submitting this statement to the Secretary of State

X DAVID B. DICKENSON

4/3/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME RODER, JURGEN W
STREET ADDRESS 2 SO BISCAYNE BLVD, #3270
CITY-ST-ZIP MIAMI FL

☒ DELETE

1. TITLE PSTD
2. NAME David B. Dickenson
3. STREET ADDRESS 980 N. Federal Hwy., Ste. 410
4. CITY-ST-ZIP Boca Raton, FL 33432

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ 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:

DAVID B. DICKENSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/96

(407) 391-1900

CR2E034 (12/95)