

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 # **P95000023754 (1)**

1. Corporation Name
DILPACK, INC.



Principal Place of Business: **3042 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306**
Mailing Address: **3042 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306**

3. Date Incorporated or Qualified: **03/17/1995**
3a. Date of Last Report: [Blank]
4. FBI Number: **65-0573745**
Applied For: [Blank] / 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

2. Principal Place of Business: **7369 NW 54th Street**
21. Suite, Apt. #, etc.: [Blank]
22. City & State: **Miami, Florida**
23. Zip: **33166** Country: **DADE**
24. Registered Agent: [Blank]

9. Name and Address of Registered Agent:
**BUSH, JAMES N
3042 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent:
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] State: **FL** Zip Code: [Blank]
85. [Blank]

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] Signature, typed or printed name of registered agent in the appropriate (NOTE: Registered Agent signature must be filed separately) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DILLEWJN, J.V.	
STREET ADDRESS	TURFSTEKERSTRAAT 23 C	
CITY - ST - ZIP	AALSMEER, HOLLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIOEN, J.	
STREET ADDRESS	LICHTERSTRAAT 54	
CITY - ST - ZIP	NEUW VENNEP., HOLLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORREN, JAN F	
STREET ADDRESS	730 LYNNWOOD DRIVE	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAARTEN WISCHMEIJER	
1.3 STREET ADDRESS	TURFSTEKERSTRAAT 23 C 1431 GD	
1.4 CITY - ST - ZIP	AALSMEER, HOLLAND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **JAN F MORREN** 5/20/96 (454) 568 2874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)