

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070644 (6)

1. Corporation Name

DAVE'S ICE CREAM INC.



Principal Place of Business

15704 SUNSET DRIVE
MIAMI FL 33183

Mailing Address

15704 SUNSET DRIVE
MIAMI FL 33183

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

15714 SW 72ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami - FL

Zip

Country

Zip

Country

33193

U.S.A.

4. FET Number

65-0609812

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

10. Name and Address of New Registered Agent

MEDINA, DAVID JR
15704 SUNSET DRIVE
MIAMI FL 33183

81. Name

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

15714 SUNSET DR.

83. Miami

84. City

FL

85. Zip Code

33193

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 Registered Agent (if not the same as the corporation)

Signature of Registered Agent (if not the same as the corporation)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
STREET ADDRESS 20029 SW 124 AVE
CITY-STATE-ZIP MIAMI FL 33177

TITLE ☐ DELETE

NAME D
STREET ADDRESS 15405 SW 99 AVE
CITY-STATE-ZIP MIAMI FL 33157

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1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

800001880608

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***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. MEDINA 2/29/96 305-385-4770

CS 5/1/96

CR2E034 (12/95)