FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P95000070644 (6)

PROFIT CORPORATION

DAVE'S ICE CREAM INC

DOCUMENT #

STREET ADDRESS

CITY-SI-ZIP



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham ANNUAL REPORT 1998

FILED Apr 23 1998 8:00am Secretary of State

	THE OTHER WINDS			
Principal Plac	ce of Business	Mailing Address		
15704 SUNSET DRIVE 15714 S.W. 72ND ST MIAMI FL 33183 MIAMI FL 33193				DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
				09/11/1995
2. Principal Place of Business 28. Mailing Address				4. FEI Number Applied For
21 157/4 S.W. 72NH ST 26				65-0609812 Not Applicable
Suite, Apt #, etc Suite, Apt #, otc 22				5. Certificate of Status Desired Sa.75 Additional Fee Required
City & State 23 Mi Ami -FL 28 City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 23.	19.3 Country A.	Zip CC1	Country	8. This corporation owes or has paid the current year Intangible
24 33	9. Name and Address of Curren	29	30	Personal Property Tax due June 30. 🔀 Yes 🔲 No 10. Name and Address of New Registered Agent
	 	r uzāreram Wāgirt	81 Nar	
MEDINA, DAVID JR				
15714 SUNSET DR MIAMI FL 33183			62 Stre	eet Address (P.O. Box Number is Not Acceptable)
l Mir	WII FE 33 163		83	
			84 City	, 85 Zip Code
			let City	FL 85 Zip Code
SIGNATURE	Signature Typed or protest came of negistered age OFFICERS ANI		Hagistered Agent sign.	Sture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	MEDINA, DAVID JR		1.2 NAME	
STREET ADDRESS	20029 SW 124 AVE		1.3 STREET ADDRE	ss
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY - ST - ZIP	
THTLE	D DAME DAME A OD	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME CENTER ADODESC	MEDINA, DAVID A SR		2.2 NAME	
STREET ADDRESS CITY-ST-ZIP	15405 SW 99 AVE MIAMI FL 33157		2.3 STREET ADDRE 2.4 CITY - ST - ZIP	22
TITLE	Murani FE 93137	DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAMF	
STREET ADDRESS			3 3 STREET ADDRE	SS
CITY+ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	SS
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE NAME		_ butte	51 TITLE 52 NAME	L Change L Addition
STREET ADDRESS			5 3 STREET ADDRES	22
CITY-ST-ZIP			5.4 City-ST-ZIP	\ <u>\</u>
TITLE		DELETE	6.1 TITLE	Change Addition
MANAG			E 2 NAME	}

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

David a. miedun TREASURER 414-98 305-385.4770 SIGNATURE: Y