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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT # S16425

**DUTCH CARIBBEAN RESORTS, INC.** 

(8)

## **FILED** Mar 04 1997 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address  8450 HOLLYWOOD BLVD 2450 HOLLYWOOD BLVD		1 and in ber and the state britte britte britt beite bibli delin billet britte bibli thet			
		2450 HOLLYWOOD BLVD			
STE 604		STE 604			
HOLLYWOOD F	FL 33020	HOLLYWOOD FL 33020-6627			
US		US		3. Date Incorporated or Qualified 12/05/1990	3a. Date of Last Report 02/05/1996
2. Principal Pl	lace of Business	2a. Ma ling Address		4. FEI Number	Applied For
21			1920	65-0234783	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 HOLL YWOOD	FL	Trust Fund Contribution	Added to Fees
Zgi	Country	Zip	Country	8. This corporation has liability for	<del></del>
24	25	29 33081 3	BROWARD		Yes No
J	9. Name and Address of Current		~ I	10. Name and Address of New Re	
KOC	CH, ZELKO		81 Name		
	SHERIDAN ST				
BLD			82 Street Addre	ess (P.O. Box Number is Not Acceptat	ole)
	LYWOOD FL 33021		83		***************************************
not	LTWOOD FL 33021		"		
			84 City		85 Zip Code
					FL 63 Zip Code
11. Pursuanal office or t	to the provisions of Sections 607.0502 anistered agent, or both, in the State r	land 607.1508, Florida Statutes of Florida, Such change was aut	, the above-named corp. thorized by the corporation	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of changing its registered
agent La	m familiar with, and accept the obliga-	ions of, Section 607.0505, Florid	da Statutes.	on a bound of analotors. Thereby accep	t ino appointment as registered
SIGNATURE					
	Signor are ty- dice prested dament high-bened agen		Registered Agent signature require	· · · · · · · · · · · · · · · · · · ·	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
THLE	DANGE OF STREET	DELETE	1.1 TITLE		Change Addition
NAME	SMOUSE, CALVIN		1.2 NAME		
STREET ADDRESS	3706 TAYLOR ST		1.3 STREET AODRESS		
CHTY - ST - ZIP	HOLLYWOOD FL		1.4 CiTY-ST-ZIP		
TillE	PS	☐ DELETE	2 1 TITLE		Change Addition
NAME	ZUCKERMAN, FRANCINE		22 NAME		
STREET ADDRESS	4200 CLEVELAND STREET		2 3 STREET ADDRESS		
CHY-SI-ZIP	HOLLYWOOD FL		2 4 CITY-ST-ZIP		
MH	Ð	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	mure, ponna p.	<del></del>	3.2 NAME		
STREET ADDRESS	-		3.3 STREET ADDRESS		
	730 S.W. 113 Av		1		
E-TY - \$1 - ZIP 3171.E	Pembroke Pines	33025 FL. DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
		C) better			C Onwinge C Modition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	,	
C+T+-S1+21P			4.4 CITY-ST-ZIP	***************************************	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
SURFEIT ADDRESS			5.3 STREET ADDRESS		
C(1Y - S1 - 7)P			5.4 CITY - ST - ZIP		
ነነግ የ		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ACTORESS			6.3 STREET ADDRESS		
Entr. \$1, 7(P			64 CITY - ST ZIP		

14. I do hereby 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 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 Blog

SIGNATURE:

2/28/97

Daylime Phone #