

DOCUMENT # 509198

1. Entity Name

Duras INC

FILED

00 JUN 22 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
362 Periwinkle Way  
Sanibel Fl. 33957

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Sanibel Fl.

4. FEI Number Applied For  
65-0290910 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country  
33957 Lee

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Alan M. Duenas  
14830 Mahoe Ct.  
Ft Myers Fl. 33908

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000, Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Pres Alan M. Duenas 14830 Mahoe Ct - 33908 Ft Myers Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: Alan M. Duenas Pres 5/1/00 941-472-6566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

me Scott,

Here is the copies of the letters I received  
from the Dept of State.

As you stated, I am not sure why those  
were sent to me and our report not filed to  
get our Corporation certificate for the year.

Please resolve this matter for me as you  
were very helpful over the phone.

Thank you for your attention to this matter  
and getting it resolved for me.

Thank you

Alan M. Duenas

Duvar Inc DBA Pinocchio's Homemade Ice Cream  
362 Pecanville Way  
Sanibel Fl 33957

WK# 941-472-6566

Hm# 941-437-7663