

**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 # **683048** (3)

1. Corporation Name  
**AVEPET INTERNATIONAL, INC.**



Principal Place of Business: **200 S. PINE ISLAND RD. SUITE 200 PLANTATION FL 33324**  
Mailing Address: **200 S. PINE ISLAND RD. SUITE 200 PLANTATION FL 33324**

3. Date Incorporated or Qualified: **08/25/1980**  
3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **59-2088003**  
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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**CRUZ, ALEJANDRINA G.  
701 S.W. 27TH AVENUE  
SUITE 655  
MIAMI FL 33135**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**P**  DELETE  
**1** TITLE: **VELAZCO, WINSTON**  
**2** NAME: **C O 200 SOUTH PINE ISLAND RD SUITE 200**  
**3** STREET ADDRESS: **PLANTATION FL**  
**4** CITY - ST - ZIP

DELETE  
**1** TITLE  
**2** NAME  
**3** STREET ADDRESS  
**4** CITY - ST - ZIP

DELETE  
**1** TITLE  
**2** NAME  
**3** STREET ADDRESS  
**4** CITY - ST - ZIP

DELETE  
**1** TITLE  
**2** NAME  
**3** STREET ADDRESS  
**4** CITY - ST - ZIP

DELETE  
**1** TITLE  
**2** NAME  
**3** STREET ADDRESS  
**4** CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition  
**1** TITLE: **VELAZCO, WINSTON**  
**2** NAME: **VELAZCO, WINSTON**  
**3** STREET ADDRESS  
**4** CITY - ST - ZIP

Change  Addition  
**2** TITLE  
**2** NAME  
**2** STREET ADDRESS  
**2** CITY - ST - ZIP

Change  Addition  
**3** TITLE  
**3** NAME  
**3** STREET ADDRESS  
**3** CITY - ST - ZIP

Change  Addition  
**4** TITLE  
**4** NAME  
**4** STREET ADDRESS  
**4** CITY - ST - ZIP

Change  Addition  
**5** TITLE  
**5** NAME  
**5** STREET ADDRESS  
**5** CITY - ST - ZIP

Change  Addition  
**6** TITLE  
**6** NAME  
**6** STREET ADDRESS  
**6** CITY - ST - ZIP

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: *Winston Velazco* **WINSTON VELAZCO** Date: **Jan 29, 1996** 954-473-5500

CR2E034 (12/95)