

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K93330** (4)
1. Corporation Name
PEDIGREE IMPORTS, INC.



Principal Place of Business: **711 WEST BROWARD BLVD. FORT LAUDERDALE FL 33312**
Mailing Address: **711 WEST BROWARD BLVD. FORT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified: **06/06/1989**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **65-0147836** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRISLAND, ROBIN
711 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312

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 607.032 and 607.108, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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, s. 607.032, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*
Signature of Registered Agent (if not the applicant) (NOTE: Registered Agent's signature is required when changing office)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE NAME: PD BRISLAND, ROBIN STREET ADDRESS: 711 W. BROWARD BLVD. CITY-ST-ZIP: FT. LAUDERDALE FL 33312	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: SD BRISLAND, MARIELOUISE C. STREET ADDRESS: 711 W. BROWARD BLVD. CITY-ST-ZIP: FT. LAUDERDALE FL 33312	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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, changes, or on an attachment with an address.

SIGNATURE: *[Signature]* **R. BRISLAND**
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **03-01-96** 954-760-1444
DATE: DATE: PHONE #

CR2E034 (12/95)