FILE NOW: FILING FEE IS $61.25

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90518 001 *****8.75
05-23-2001 90518 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

2001

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

DOCUMENT # N96000006098

1. Corporation Name
DALMATIAN RESCUE, INC.

Principal Place of Business
972 NE 151 ST.
NORTH MIAMI BEACH, FL. 33162

Mailing Address
SAME

3. Date Incorporated or Qualified 1/96

4. FEI Number 52-2006801 — 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	INGRID SKIFF	☒ DELETE
NAME	SECY.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DONALD SKIFF	☒ DELETE
NAME	TREAS.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GLENN KALICK D.V.M.	☒ DELETE
NAME	TRUSTEE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ADDITION	
TITLE	TRUSTEE	☒ DELETE
NAME	PHILLIP J. SMITH	
STREET ADDRESS	400 PROSPECT ST. #1	
CITY-ST-ZIP	BINGHAMTON, NY 13905 ADDITION	
TITLE	TRUSTEE	☒ DELETE
NAME	ESTEBAN ORTIZ	
STREET ADDRESS	18113 SW 139 PLACE	
CITY-ST-ZIP	MIAMI FL 33177	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRUSTEE	☐ Change ☒ Addition
1.2 NAME	HEVER RUGAMA	
1.3 STREET ADDRESS	3090 NW 98 ST.	
1.4 CITY-ST-ZIP	MIAMI FL. 33147	
2.1 TITLE	TRUSTEE	☐ Change ☒ Addition
2.2 NAME	JAMES LITTLER	
2.3 STREET ADDRESS	10839 SW 88 ST. #513	
2.4 CITY-ST-ZIP	MIAMI FL. 33176	
3.1 TITLE	TRUSTEE	☐ Change ☒ Addition
3.2 NAME	MARIA LITTLER	
3.3 STREET ADDRESS	10839 SW. 88 ST. #513	
3.4 CITY-ST-ZIP	MIAMI FL. 33176	
4.1 TITLE	TRUSTEE	☐ Change ☒ Addition
4.2 NAME	COMMISSIONER LEANNA KNICK-MIRSKY	
4.3 STREET ADDRESS	200 CITY HALL DR	
4.4 CITY-ST-ZIP	LAUDERHILL, FL. 33319	
5.1 TITLE	SECY	☐ Change ☒ Addition
5.2 NAME	HEATHER ORTIZ	
5.3 STREET ADDRESS	18113 SW 139 PLACE	
5.4 CITY-ST-ZIP	MIAMI FL. 33177	
6.1 TITLE	TREAS	☐ Change ☒ Addition
6.2 NAME	AIDA SOTO	
6.3 STREET ADDRESS	2930 NW 88 ST.	
6.4 CITY-ST-ZIP	MIAMI FL. 33147	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Dane PATRICIA DANE 4/30/01 (305) 652-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)