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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V06270** **(5)**

1. Corporation Name
PEDIGREE PERFECTION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7850 W MCNAB RD. S-116 TAMARAC FL 33321	7850 W MCNAB RD. S-116 TAMARAC FL 33321-8429

3. Date Incorporated or Qualified: 01/14/1992
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business
21 3408 PEAR TREE CIRCLE
22 Suite, Apt. #, etc.
23 City & State: LAUDERHILL FL
24 Zip: 33319 25 Country: U.S.A.

2a. Mailing Address
26 3408 PEAR TREE CIRCLE
27 Suite, Apt. #, etc.
28 City & State: LAUDERHILL FL
29 Zip: 33319 30 Country: U.S.A.

4. FEI Number: 65-0325551 ☐ 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

9. Name and Address of Current Registered Agent
SOLOMON, IRVING
7850 W MCNAB RD.
S-116
TAMARAC FL 33321

10. Name and Address of New Registered Agent
81 Name: SOLOMON, IRVING
82 Street Address (P.O. Box Number is Not Acceptable): 3408 PEAR TREE CIRCLE
83
84 City: LAUDERHILL FL 85 Zip Code: 33319

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: IRVING SOLOMON, PRES. 2/13/97
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLOMON, IRVING 7850 W MCNAB RD., S-116 TAMARAC FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 3408 PEAR TREE CIRCLE LAUDERHILL FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLOMON, PHYLLIS 7850 W MCNAB RD., S-116 TAMARAC FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 3408 PEAR TREE CIRCLE LAUDERHILL FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: IRVING SOLOMON 2/13/97 954-731-2692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #