

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35471 (4)
1. Corporation Name
AMERICAS ANIMAL CLINIC, INC

Principal Place of Business: ROA, AURELIO, 11865 CORAL WAY #B-10 MIAMI, FLA 33175
Mailing Address: 11865 CORAL WAY #B-10 MIAMI, FLA 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/21/1992
3a. Date of Last Report: 10/1/94
4. FEI Number: 65-0330301
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. This corporation has liability for intangible tax under § 199.002, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
ROA, AURELIO
11865 CORAL WAY
#B-10
MIAMI, FLA 33175

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. Zip Code: FL

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: P/S/D
NAME: ROA, AURELIO
STREET ADDRESS: 11865 CORAL WAY B00
CITY ST ZIP: MIAMI, FLA 33175

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY ST ZIP: _____
2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: 900001522199
2.4 CITY ST ZIP: -06/23/95--01076--019
3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: *****200.00 Change Addition
4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY ST ZIP: _____
5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY ST ZIP: _____
6.1 TITLE: Change 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 110.07(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, trustee or assignee 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: _____ DATE: 5/22/95 305 559 4905