

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744671 (9)

1. Corporation Name

DADE COUNTY VETERINARY FOUNDATION, INC.



Principal Place of Business

6464 SW 8TH ST.
MIAMI, FL.
MIAMI FL 33144

Mailing Address

6464 SW 8TH ST.
MIAMI, FL.
MIAMI FL 33144

3. Date Incorporated or Qualified
10/23/1978

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 751 NE 168 ST

26 751 NE 168 ST

4. FEI Number

59-1911775

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 NORTH MIAMI BEACH FL

28 NORTH MIAMI BEACH FL

Zip

Country

24 33162

25 USA

Zip

Country

29 33162

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DR. C. PERRY
6464 S.W. 8TH STREET
MIAMI FL 33144

81 Name

BERNSTEIN, LARRY A. (DR.)

82 Street Address (P.O. Box Number is Not Acceptable)

751 NE 168 ST.

83

84 City

NORTH MIAMI BEACH FL

85 Zip Code

33162

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D
NAME AUSTIN, BILLY S.
STREET ADDRESS 7535 SW 62 AVE.
CITY - ST - ZIP MIAMI, FL 33143 ☒ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE TD
NAME SMITH, C. PERRY
STREET ADDRESS 6464 S.W. 8TH ST.
CITY - ST - ZIP MIAMI, FL 33144 ☒ DELETE

2.1 TITLE S. DIRECTOR
2.2 NAME SMITH, PERRY F.
2.3 STREET ADDRESS 6464 SW 8TH STREET
2.4 CITY - ST - ZIP MIAMI, FL 33144 ☐ Change ☒ Addition

TITLE P
NAME BERNSTEIN, LARRY A
STREET ADDRESS 3070 SW 38 COURT
CITY - ST - ZIP MIAMI FL ☐ DELETE

3.1 TITLE TD TREASURER - DIRECTOR
3.2 NAME BERNSTEIN, LARRY A.
3.3 STREET ADDRESS 751 NE 168 ST.
3.4 CITY - ST - ZIP NO MIAMI BEACH, FL 33162 ☒ Change ☐ Addition

TITLE PD
NAME TODD, RONALD
STREET ADDRESS 12900 SW 87TH AVENUE
CITY - ST - ZIP MIAMI, FL 33176 ☐ DELETE

4.1 TITLE R DIRECTOR
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☒ Change ☐ Addition

TITLE S
NAME VEGA, SERGIO
STREET ADDRESS 12301 SW 187 STR
CITY - ST - ZIP MIAMI FL ☐ DELETE

5.1 TITLE PRESIDENT - DIRECTOR
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

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY A. Bernstein VMD

DATE

Daytime Phone #

V.M.D. 4-28-96 (305) 652 5372

CR2E037 (12/95)