FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730565

1: Corporation Name

ANIMAL WELFARE SOCIETY OF SOUTH FLORIDA, INC

Principal Place of Business
200 SAN LORENZO AVE
CORAL GABLES FL 33146
US

2. Principal Place of Business

CORAL GABLES FL 33156

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address 200 SAN LORENZO AVE CORAL GABLES FL 33146

2a. Mailing Address

City & State

Suite, Apt, #, etc.

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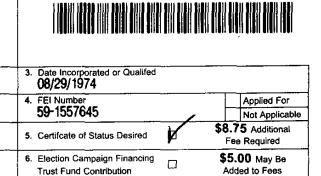
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28 Zip

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FILED May 10, 1999 8:00 am g Secretary of State

05-10-1999 90201 029 ****70.00



KAHN, GILBERT 10 EDGEWATER DR

Country

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.

Country

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
			ADDITIONS/CHANGES TO OFFICERS AND DIREC	TODE IN 12			
12.	OFFICERS AND DIRECTORS	13.					
TITLE	COBD DELETE	1.1 TITLE	☐ Chang	e . Addition			
NAME	KAHN, GILBERT S	1.2 NAME					
STREET ADDRESS		1.3 STREET ADDRESS		ł			
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
πιε	CSD □ DELETE	2.1 TITLE	Chang	e 🔲 Additioก			
NAME	BLAIR, BETTY EVE	2.2 NAME					
STREET ADDRESS	4975 N KENDALL DR	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 3	2. 4 CITY-ST-ZIP					
TITLE	PD DELETE	3.1 TITLE	☐ Chang	e 🗀 Addition			
NAME	KING, KAY	3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP	N MIAMI, FL 00000	3.4. CITY-ST-ZIP					
TITLE	TD DELETE	4.1 TITLE	☐ Chang	e 🗌 Addition 🖁			
NAME	SANO, BARRIE	4. 2 NAME					
STREET ADDRESS	13511 NE 24 COURT	4.3 STREET ADDRESS					
CITY-ST-ZIP	N MIAMI, FL 00000	4.4 CITY-ST-ZIP					
TITLE	VPD DELETE	5.1 TITLE	☐ Chang	e 🗌 Addition			
NAME	SONDERLING, FROSENTE	5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS		ĺ			
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	☐ Chang	e 🔲 Addition			
NAME		6.2 NAME		ļ			
STREET ADDRESS		6.3 STREET ADDRESS		į			
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

4. 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

Dasig Wilse REQUIRE

1/25/99 305-Date 199 445-2524 CR2E037 (11/98)