

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 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**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **NORTH MIAMI BEACH FL** 28 **NORTH MIAMI BEACH FL**
Zip Country Zip Country
24 **33162** 25 **USA** 29 **33162** 30 **USA**

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

9. Name and Address of Current Registered Agent
**SMITH, DR. C. PERRY
6464 S.W. 8TH STREET
MIAMI FL 33144**

10. Name and Address of New Registered Agent
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.
LARRY A Bernstein VMD
4-28-96

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and date (if applicable)

NOTE: Registered Agent signature required when reinstating.
DATE **4-28-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, BILLY S.	1.2 NAME	
STREET ADDRESS	7535 SW 62 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, C. PERRY	2.2 NAME	S. DIRECTOR.
STREET ADDRESS	6464 S.W. 8TH ST.	2.3 STREET ADDRESS	SMITH, PERRY F.
CITY-ST-ZIP	MIAMI, FL 33144	2.4 CITY-ST-ZIP	6464 SW 8TH STREET
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, LARRY A	3.2 NAME	TD TREASURER - DIRECTOR
STREET ADDRESS	3070 SW 38 COURT	3.3 STREET ADDRESS	BERNSTEIN, LARRY A.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	751 NE 168 ST.
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, RONALD	4.2 NAME	R DIRECTOR.
STREET ADDRESS	12900 SW 87TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, SERGIO	5.2 NAME	PRESIDENT - DIRECTOR.
STREET ADDRESS	12301 SW 187 STR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700001872781
STREET ADDRESS		6.3 STREET ADDRESS	-06/24/96--01026--003
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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]* **LARRY A Bernstein VMD** DATE **4-28-96** (305) 652 5372
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)