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FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 762433 (1) 1. Corporation Name PET RESCUE, INC.		

Principal Place of Business PET RESCUE INC. 3440 N.W. 191 STREET MIAMI FL 33056 US	Mailing Address PET RESCUE INC. 3440 N.W. 191 STREET MIAMI FL 33056 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent RODRIGUEZ, DESIREE 11544 S.W. 56 ST COOPER CITY FL 33330	
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3. Date Incorporated or Qualified 03/15/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2167020	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, MARILYN 16750 NE 35TH AVE. NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRODSKY, EDIE 2310 NE 201ST STREET NORTH MIAMI BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, AL JR 15251 LAUREL LANE N. PEMBROKE PINES FL 33027 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RDT RODRIGUEZ, DESIREE 11544 SW 56 ST COOPER CITY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASCONIS, KATHY 1636 MCKINLEY ST. HOLLYWOOD FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIMINO, BARBARA 1190 NW 127TH ST N. MIAMI FL 33168 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: Desiree Rodriguez 1/23/98 (954) 680-9695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

**Pet Rescue
3440 N.W. 191 Street
Miami, Fl 33056**

Please note that since there are only 6 spaces to include our board members, and we have 10 board members, I have included the remaining members below.

DPE

Mr. Gardnar Mulloy
800 N.W. 35th Ave.
NMB, Fl 33136-3006

DS

Mr. Richard M. Gomez
8100 Oak Lane, Suite 400
Miami Lakes, Fl 33143

D


Honorable William Lehman
711 NE 118th Street
Miami, Fl 33161

D

Ms. Bunnie Smith
2312 S.W. 16th Terr
Miami, Fl 33134

Please incorporate these board members in your records. Thank you for your cooperation regarding this matter,

Sincerely,



Desiree Rodriguez
Treasurer