


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762433

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**

237899 - 90034 - 26



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	3. Date Incorporated or Qualified 03/15/1982 4. FEI Number 59-2167020 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**RODRIGUEZ, DESIREE
11544 S.W. 56 ST
COOPER CITY FL 33330**

10. Name and Address of New Registered Agent

81 Name **Lisa De Priest**
82 Street Address (P.O. Box Number is Not Acceptable)
6780 Brookline Drive
83 City
Miami
84 Zip Code
FL 33015

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 Lisa De Priest Lisa De Priest Treasurer 2-24-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERN, MARILYN		1.2 NAME Stern, Marilyn	
STREET ADDRESS 16750 NE 35TH AVE.		1.3 STREET ADDRESS 16750 N.E. 35th Ave	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP North Miami Beach, FL 33160	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRODSKY, EDIE		2.2 NAME	
STREET ADDRESS 2310 NE 201ST STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWENS, AL JR		3.2 NAME Owens, Al Jr.	
STREET ADDRESS 15251 LAUREL LANE N.		3.3 STREET ADDRESS 15251 Laurel Lane N.	
CITY-ST-ZIP PEMBROKE PINES FL 33027		3.4 CITY-ST-ZIP Pembroke Pines, FL 33027	
TITLE RDT	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, DESIREE		4.2 NAME Rodriguez, Desiree	
STREET ADDRESS 11544 SW 56 ST		4.3 STREET ADDRESS 11544 SW 56 St.	
CITY-ST-ZIP COOPER CITY FL		4.4 CITY-ST-ZIP Cooper City, FL 33330	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WASCONIS, KATHY		5.2 NAME	
STREET ADDRESS 1636 MCKINLEY ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIMINO, BARBARA		6.2 NAME	
STREET ADDRESS 1190-NW 127TH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI FL 33168		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Albert Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-24-99 Daytime Phone # 954-438-8922

237899-90034-26
762433

Attachment 1
Document #762433
Pet Rescue, Inc.

BOARD OF DIRECTORS - OFFICERS

PD
Owens, Albert Jr.
15251 Laurel Lane N.
Pembroke Pines, FL 33027

PD (Emeritus)
Mulloy, Gardner
800 Northwest 9th Ave.
Miami, FL 33136-3006

VD
Stern, Marilyn
16750 Northeast 35th Ave.
North Miami Beach, FL 33160

SD
Gomez, Richard
8100 Oak Lane, Suite 400
Miami Lakes, FL 33016

RDT
DePriest, Lisa
6780 Brookline Drive
Miami, FL 33015

BOARD OF DIRECTORS - MEMBERS

D
Wasconis, Katherine
1636 McKinley Street
Hollywood, FL 33020

D
Rodriguez, Desiree
11544 Southwest 56th Street
Cooper City, FL 33330

D
Brodsky, Edith
2310 Northeast 201st Street
North Miami Beach, FL 33180

D
Lehman, Honorable William
711 Northeast 118th Street
Miami, FL 33161

D
Smith, Bunnie
2312 Southwest 16th Terrace
Miami, FL 33145