

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **848183** (0)

1. Corporation Name

CUTLER RIDGE VETERINARY CLINIC CORP.



Principal Place of Business

10575 QUAIL ROOST DRIVE
MIAMI FL 33157

Mailing Address

10575 QUAIL ROOST DRIVE
MIAMI FL 33157

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

GARTH, M B
10575 SW 188 ST
MIAMI, FLA
33157

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/06/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1950302

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0507, Florida Statutes.

SIGNATURE

Signature (Print Name and Title of Signer)

Signature (Print Name and Title of Signer)

12. OFFICERS AND DIRECTORS

11. TITLE		<input type="checkbox"/> DELETE
NAME	STP IBANEZ, JULIO A.	
STREET ADDRESS	10575 QUAIL ROOST DR.	
CITY, ST, ZIP	MIAMI, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY, ST, ZIP		
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. 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 registered trustee, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any of the additional blocks.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio A. Ibanez
Julio A. Ibanez

3/18/96 305 235-4991

CR2E034 (12/95)