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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000004341 (4)**

1. Corporation Name
NOVAPET HOLDING CORP.

Principal Place of Business	Mailing Address
3300 CORPORATE AVENUE. SUTIE 100 FT. LAUDERDALE FL 33331	3300 CORPORATE AVENUE. SUTIE 100 FT. LAUDERDALE FL 33331-3504

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 3665 Sw 30 Ave	26 3665 SW 30 Ave
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Ft.Lauderdale, FL	28 City & State: Fort Lauderdale, FL
24 Zip: 33312 25 Country: Broward	29 Zip: 33312 30 Country: Broward

4. FEI Number: 87-0423130 ☐ 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

RICATTI, JUAN C
3300 CORPORATE AVENUE, SUITE 110
FT. LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

81 Name: Eduardo Klinger
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~3665 SW 30 Ave~~
84 City: Ft.Lauderdale, F **FL** 85 Zip Code: 33312

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANZANSKY, RICHARD 3300 CORPORATE AVENUE, SUITE 110 FT. LAUDERDALE FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP C.O.O. Klinger, Eduardo chg 3665 SW 30 Ave Ft.Lauderdale, Fl 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KLINGER, ELY 3300 CORPORATE AVENUE #110 FT. LAUDERDALE FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP President add Horowitz, Symcha 3665 Sw 30 Ave Ft.Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICATTI, MONA 3300 CORPORATE AVENUE, SUITE 110 FT. LAUDERDALE FL ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP Director add Gayer, Henry 3665 SW 30 Ave Ft.Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RICATTI, JUAN C 3300 CORPORATE AVENUE, SUITE 110 FT. LAUDERDALE FL 33331 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP DIrector Chg Dworkin, Sidney 3665 SW 30 Ave Ft.Lauderdale, F 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DWORKIN, SIDNEY 3300 CORPORATE AVENUE, SUITE 110 FT. LAUDERDALE FL 33331 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #