

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L04634** (6)

1. Corporation Name

**COMMUNITY ANIMAL HOSPITAL OF DADE, INC.**

Principal Place of Business

Mailing Address

20290 NW 2ND AVE  
MIAMI FL 33169  
US

% MARY SCHOOLEY PASEIRO  
741 NE 116TH STREET  
BISCAYNE PARK FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/26/1989** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0139679** 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

2. Principal Place of Business

2a. Mailing Address

21 **20290 NW 2nd Ave**

26 **P.O. Box 822612**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Miami Florida**

28 **Miramar Florida**

Zip

Country

Zip

Country

24 **33169**

25 **Dade**

29 **33082-2612**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASEIRO, MARY SCHOOLEY  
741 NE 116TH STREET  
BISCAYNE PARK FL 33161

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0502, Florida Statutes.

SIGNATURE

*Mary Schooley Paseiro*

7/12/95

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **PASEIRO, MARY SCHOOLEY**  
STREET ADDRESS **741 NE 116TH STREET**  
CITY - ST - ZIP **BISCAYNE PARK FL**

1. 1 TITLE **D** Change  Addition   
1.2 NAME **PASEIRO, MARY SCHOOLEY**  
1.3 STREET ADDRESS **2244 SW 182nd Way**  
1.4 CITY - ST - ZIP **MIRAMAR, FLORIDA 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE Change  Addition   
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE Change  Addition   
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE Change  Addition   
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE Change  Addition   
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE Change  Addition   
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(a), 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:

*Mary Schooley Paseiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

**MARY SCHOOLEY PASEIRO** 7/12/95

305-652-6670