SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 SEP 15 AM 9: 18 DOCUMENT # L72984 (2)SECRETARY OF STATE TALLAHASSEE, FLORIDA EMILIO J. BUSTILLO. D.V.M., P.A. Principal Place of Business Mailing Address 7154 SW 117 AVE 7154 SW 117 AVE MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 05/14/1990 03/19/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable 65-0193826 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Ele 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BUSTILLO, EMILIO J. 7154 S.W. 117TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 84 City Zip Code 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, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition . 1.1 TOTE TITLE BUSTILLO, EMILIO J. NAME 1.2 NAME 7154 SW 117TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 500002297<u>015--</u>1 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE -09/18/97--0107499-014 Addition TITLE 31 TITLE \*\*\*\*165.00 \*\*\*\*165.00 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 51 1/1LE

64 CITY-ST-ZIP CITY-ST-ZIP 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 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 mide under or 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 paine appears in Block 12 or Block 13 it changed, or on an attachment with an address. oath; that

52 NAME

61 TITLE

62 NAME

■ DELETE

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

(4/97 CR2E034

Addition 4

Change

## **MEMORANDUM**

DATE: September 5th., 1997

TO: FLORIDA DEPARTMENT OF STATE

Annual Report Section

FROM: Emilio J. Bustillo DVM PA

Document No. L72934

This is to let you know that I did not receive the first notice of the Annual Report.

Please waive the late filing fee since I did not receive the first notice.

Enclosed please find check No 8765 dated September 5th., 1997 of \$165.00.

Sincerely,

EJB DVM PA