## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # M49101 1. Corporation Name CHEWY & CO., INC.

(2)

## **FILED** Apr 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								- 1 1881 PRES 11: DIEIO 18101 18101 18101 18101 18101 18101 1816 1816			
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546 418T ST 546 418T ST MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-35								"			
MINIMI PENOTI	12 00110		wiis	MI DENOTITE SS140 C	.,,,,			3. Date Incorporated or Qualified 03/25/1987		of Last R	eporl
2. Principal F	Place of Business	2a, Mailing Address					4. FEI Number	1	<del></del>	oplied For	
21		26 ·					59-2794923		No	ot Applicable	
Sulte, Apt.	·	27					5. Certificate of Status Desired		\$8.75 A	Additional equired	
City & State				City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Co	ountry		Zip	Co	untry	1	8. This corporation has liability for	intangible ta	x under s	. 199.032,
24 25 g. Name and Address of Curren			29					, Florida Statutes Yes No			
BELL		ddress of Currer	nt Regist	ered Agent		81	Nome	10. Name and Address of New Ro	gistered Ag	jent	
	IAR, SALVADOR					01	Name				
546-41ST MIAMI BCH FL 33140							Street Add	dress (P.O. Box Number is Not Accepta	ble)		
						83					
						84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of	Sections 607.050	2 and 60	7.1508, Florida Statu	iles, the a	L	l e-named cor	poration submits this statement for the	ournose of o	hanging if	s registered
office or i	registered agent, or	both, in the State	of Florid	a. Such change was Section 607.0505, F	authorize	ed by	/ the corpora	ation's board of directors. I hereby acce	pt the appoi	ntment as	registered
SIGNATURE										·	
12.	Signature, typed or printed	OFFICERS AN			16. Register	d Age	ent signature requ	pired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE.	NOCOTOL	C 1N 10
TITLE	PSD	OT TOLKS AN	Dineo	DELETE	1.1.1	13 L E	1	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	BEHAR, SALVA	DOR			121				_	_ •	
STREET ADDRESS	524-416T-ST				1.3 5	TREFT	ADDRESS				
CITY-ST-ZIP	MIAMI BCH. FL				1.4 0	ITY-S	31 - ZIP				
TITLE	546-4 MIAMI &	ADOR BO	2 han	DELETE	217	ITLE				Change	Addition
NAME	546-4	151		PSD	22 N	AME					
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TITLE NAME				☐ DELETE	317				L	Change	Addition
STREET ADDRESS					3.2 %		*DDDCCC				
CITY-ST-ZIP							ADDRESS				
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STREET ADDRESS	<i>'</i>						ADDRESS				
CITY-ST-ZIP	· ·						T-ZIP				
TITLE				DELETE	5.1 T					Change	Addition
NAME					5.2 N	AME	ļ				
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CITY-SY-ZIP					5.4 0	ITY-S	1 - ZIP				
TITLE				☐ DELETE	6.1 T	TLE				Change	Addition
NAME					6.2 N	AME					
STREET ADORESS					6.3 S	TREFT	ADDRESS				
CITY-ST-ZIP					6.4 0	ITY-S	T - 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 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 avaicament with an address.

4-17-97 (305) 673-5414