FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08166 (3)

1. Corporation Name
SOUTH DADE KENNEL CLUB, INC.

Principal Place of Business	Mailing Address
%DIONE PRITCHARD 2430 BRICKELL AVE. 108-A MIAMI FL 33129 US	%DIONE PRITCHARD 2430 BRICKELL AVE. 108-A MIAMI FL 33129 US

2. Principal Place of Business 21 c/o MARIE THORP	2a. Mailing Address 26 c/o MARIE THORP
Suite, Apt. #, etc. 22 12370 S.W 225 ST.	Suite, Apt. #, etc. 27 12370 S.W 225 ST.
City & State 23 GOULDS, FL	City & State 28 GOULDS, FL
Zip 24 33170 Country 25 USA	Zip 29 33170 Country 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1985	3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2646708	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PRITCHARD, DIONE
2430 BRICKELL AVE #108-A
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: MARIE THORP
82 Street Address (P.O. Box Number Is Not Acceptable): 12370 S.W 225 ST.
83
84 City: GOULDS FL 85 Zip Code: 33170

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: Marie Thorp (Marie E. Thorp) 4/16/95
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	P	11 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	GORDON, LONNIE	12 NAME	SALLY D. THROCKMORTON	
STREET ADDRESS	9250 S.W. 125TH TERRACE	13 STREET ADDRESS	19810 LENAIRE DR	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	V	21 TITLE	V-P	☒ Change ☐ Addition
NAME	TRELLES, ISA	22 NAME	NICK APOLLONY	
STREET ADDRESS	21355 SW 234TH ST.	23 STREET ADDRESS	14500 S.W. 280 ST #42	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	CS	31 TITLE	CS / DIRECTOR	☒ Change ☐ Addition
NAME	PRITCHARD, DIONE	32 NAME	MARIE THORP	
STREET ADDRESS	2430 BRICKELL AVE 108-A	33 STREET ADDRESS	12370 S.W 225 ST.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	GOULDS, FL 33170	
TITLE	RD	41 TITLE	REC. SECY	☒ Change ☐ Addition
NAME	GLASER, JENNIFER	42 NAME	MAUREEN BUSHNELL DVM	
STREET ADDRESS	10790 SW 74TH AVE	43 STREET ADDRESS	13475 S.W 220 ST.	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL 33170	
TITLE	D	51 TITLE	TREASURER	☒ Change ☐ Addition
NAME	DERV, EMILY	52 NAME	BEVERLY PRESS	
STREET ADDRESS	13945 SW 52 LANE	53 STREET ADDRESS	9790 S.W. 107 CT.	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	61 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HAYES, ODALYS	62 NAME	FLORELLE ANGEL	
STREET ADDRESS	18505 SW 197 AVE	63 STREET ADDRESS	9809 S.W 136 ST	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	ADMITTED PARTIAL 1	

5/1/95 MB
Deposited by BMM

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally D. Throckmorton 4/16/95 (305) 670-7696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SALLY D. THROCKMORTON