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 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44366 (5)

1. Corporation Name

SOUTH FLORIDA FERRET CLUB AND RESCUE, INC.

Principal Place of Business	Mailing Address
19225 SW 93 ROAD MIAMI FL 33157	19225 SW 93 ROAD MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 02/17/1994
4. FEI Number: 65-0340071 ☐ 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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

ESPINET, ANGELA
19225 SW 93 ROAD
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: 800001489648 -05/13/95--01006--019 *****70.00 *****70.00
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 607.0505, Florida Statutes.

SIGNATURE: Angela Espinet PRESIDENT/DIRECTOR - ANGELA ESPINET 4/19/95
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	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME *	ANGELA ESPINET	1.2 NAME	
STREET ADDRESS	19225 SW 93RD ROAD	1.3 STREET ADDRESS	ANGELA ESPINET 19225 SW 93rd Road
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Miami, Fl 33157
TITLE	V	2.1 TITLE	V ☑ Change ☐ Addition
NAME	HAMRICK, JERRY	2.2 NAME	PERAZA, LISA BECKER
STREET ADDRESS	13835 SW 77 AVE.	2.3 STREET ADDRESS	291 S. Figtree Lane
CITY-ST-ZIP	MIAMI FL 33158	2.4 CITY-ST-ZIP	Plantation, Fl. 33317
TITLE	T	3.1 TITLE	T ☐ Change ☐ Addition
NAME	NUNEZ, ARLENE	3.2 NAME	NUNEZ, ARLENE
STREET ADDRESS	11751 SW 25TH ST.	3.3 STREET ADDRESS	11751 SW 25th St.
CITY-ST-ZIP	DAVIE FL 33325	3.4 CITY-ST-ZIP	DaVIE, Fl. 33325
TITLE	S	4.1 TITLE	S ☑ Change ☐ Addition
NAME	MALTER, MIMI	4.2 NAME	HENDRICKS, JANE E.
STREET ADDRESS	P.O. BOX 820-843 N/A	4.3 STREET ADDRESS	3191 Coral Way # 115
CITY-ST-ZIP	SO. MIAMI FL 33082	4.4 CITY-ST-ZIP	Miami, Fl. 33145
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	PANE, ROBERT DVM	5.2 NAME	PANE, ROBERT DVM
STREET ADDRESS	9501 SW 160TH ST.	5.3 STREET ADDRESS	9501 SW 160th St.
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	Miami, Fl. 33157
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	LUDT, BARBARA	6.2 NAME	LUDT, BARBARA
STREET ADDRESS	2811 SW 13TH CT.	6.3 STREET ADDRESS	2811 SW 13th Ct.
CITY-ST-ZIP	DEERFIELD BEACH FL 33160	6.4 CITY-ST-ZIP	Deerfield Beach, Fl. 33160

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: Angela Espinet ANGELA ESPINET 4/19/95 (305) 251-2152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EKJ