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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000913 (5)

1. Corporation Name

ANIMAL CARE & EDUCATION, INC.

Principal Place of Business	Mailing Address
6601 SW 85 STREET MIAMI FL 33143	6601 SW 85 STREET MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1993
3a. Date of Last Report: 03/25/1994
4. FEI Number: 65-0413869 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired XX — $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 XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

SIY, BERNADETTE
6601 SW 85 STREET
MIAMI FL 33143

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CIDADE, ALICIA DVM	1.2 NAME	Durkee, Michelle DVM	
STREET ADDRESS	3613 SW 23 TERR	1.3 STREET ADDRESS	18205 SW 94 Avenue	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LATHOURAKIS, STEVEN G DVM	2.2 NAME	Barocio, Laura DVM	
STREET ADDRESS	3613 SW 23 TERR	2.3 STREET ADDRESS	2325 NE 135 Terrace	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	N. Miami Beach, FL 33181	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GRUSZECZKA, TOOTIE	3.2 NAME	Rubler, Diane	
STREET ADDRESS	8050 SW 152 AVE, UNIT 414	3.3 STREET ADDRESS	10340 SW 103 Terrace	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SIY, BERNADETTE	4.2 NAME	Chambers, Betty	
STREET ADDRESS	6601 SW 85 STR	4.3 STREET ADDRESS	549 Desoto Drive	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SWAN, MAUREEN	5.2 NAME		
STREET ADDRESS	11215 SW 88 STR, B117	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LARKIN, ARLENE	6.2 NAME		
STREET ADDRESS	14511 SABLE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LKS FL	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 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: Bernadette Siy — Bernadette Siy — 2/22/95 — (305) 667-7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042804