FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N92000000913 (5) DOCUMENT #

1. Corporation Name

ANIMAL	CARE	&	EDUCATION, INC.	
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ANIMAL	CARE & EDUCATION, INC						
Principal Place	Principal Place of Business Mailing Address						
6601 SW 85 STREET 6601 SW 85 STREET MIAMI FL 33143 MIAMI FL 33143							
					3. Date Incorporated or Qualified 01/01/1993	3a. Date of La 03/02/	
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number 65-04 13869		Applied For Not Applicable
		Suite, Apt. #, etc.	etc.		5. Certificate of Status Desired	VV '	75 Additional ee Required
City & State City & Sta		City & State	ate		Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Zip 24	Country 25	Zip 29	Country 30		This corporation has liability for in Florida Statutes	itangible tax under	rs. 199.032,
24	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agent	
			81	Name			
SIY, BERN	Nadette 85 street		82	Street Add	dress (P.O. Box Number is Not Acceptable	o)	
MIAMI FL			83				
			84	City		FLII	Zip Code
or register familiar wit SIGNATURE	o the provisions of Sections 617.050 gd agent, or both, in the State of Figure, in, and accept the obligations of Sko Storature, typed or printed name of registered age	tion 617.0903. Florida Statute	tes, the above-tized by the corps. County the corps. OTE Registered Agor	Siy	oration submits this statement for the purpart of directors. Thereby accept the appo	intment as registe	red agent. I am
12.		NIC DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TITLE	n		Chan	ge 🔀 Addition
NAME	CIDADE, ALICIA DVM		1.2 NAME	M	lichelle Durkee, DVM		
STREET ADDRESS	3613 SW 23 TERR		1.3 STREET	I	8205 SW 94 Avenue		
CITY - ST - ZIP	MIAMI FL		1.4 CiTY-5	1	liami, FL 33157		
TITLE	D	DELETE	21 TITLE	-	, , , , , , , , , , , , , , , , , , , ,	🔀 Chan	ge 🔲 Addition
NAME	LATHOURAKIS, STEVEN G D	MV	22 NAME		Lathourakis, Steven G	;	
STREET ADDRESS	3613 SW 23 TERR		23 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -			☐ Chan	ge XIX Addition
TITLE	D	DELETE	3.1 TITLE	I	•		ge zaza Abbiton
NAME	GRUSZECZKA, TOOTIE		3.2 NAME	-	Elizabeth Chambers		
STREET ADDRESS	8050 SW 152 AVE, UNIT 414	ŧ		-	549 Desoto DRive		
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP N	<u> Miami Springs, FL 3316</u>	Chan	ge Addition
TITLE	D SIY, BERNADETTE		4.1 THEE				- -
NAME	6601 SW 85 STR			1 ADDRESS			
STREET ADDRESS	MIAMI FL		4.4 CITY-	1			
CITY-ST-ZIP	D D	DELETE	5.1 TITLE	31 ' 411		Chan	ige Addition
TITLE	SWAN, MAUREEN		5.2 NAME				
NAME STREET ADDRESS	11215 SW 88 STR, B117			T ADDRESS			
	MIAMI FL		5.4 CITY-				
CITY-ST-ZIP TITLE	D	DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME	LARKIN, ARLENE		62 NAME				
STREET ADDRESS	14511 SABLE DR		63 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI LKS FL		6.4 CITY-				
0111 Of 20	the state of the section of the	al culting this filling in unfuntarily for	roiched and do	e not qualif	v for the exemption stated in Section 119.	07(3)(k). Florida St	atutes. I further

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)(k), 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 cath, 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 AND TYPED OR PRINTED HAMBOF SIGNING OFFICER OR DIRECTOR SIGNATURE: _