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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000913

1. Corporation Name

ANIMAL CARE & EDUCATION, INC.

Principal Place of Business

6601 SW 85 STREET  
MIAMI FL 33143

Mailing Address

6601 SW 85 STREET  
MIAMI FL 33143



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/01/1993

4. FEI Number

65-0413869

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CIDADE, ALICIA DVM  
STREET ADDRESS 3613 SW 23 TERR  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LATHOURAKIS, STEVEN G.  
STREET ADDRESS 3613 SW 23 TERR  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GRUSZECZKA, TOOTIE  
STREET ADDRESS 8050 SW 152 AVE, UNIT 414  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SIY, BERNADETTE  
STREET ADDRESS 6601 SW 85 STR  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SWAN, MAUREEN  
STREET ADDRESS 11215 SW 88 STR, B117  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LARKIN, ARLENE  
STREET ADDRESS 14511 SABLE DR  
CITY-ST-ZIP MIAMI LKS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: SIY, BERNADETTE

1/25/97 (30) 995-2187

CR2E037 (11/98)