

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000002625 (2)

1. Corporation Name

BORN FREE PET SHELTER INC.



Principal Place of Business

Mailing Address

670 ALLENDALE ROAD 19015 S.W. 208 ST
KEY BISCAYNE FL 33149 MIAMI FL.
zip 33187

C/O ABALLI
149 HARBOR DR.
KEY BISCAYNE FL 33149-1303

2. Principal Place of Business

21 19015 S.W. 208 ST
State, Apt. #, etc.

22 MIAMI, FL.
City & State

23 MIAMI FL.
City & State

24 33187 Zip Country
USA

2a. Mailing Address

26 P.O. Box 823 INC N/A.

27 Key Biscayne
City & State

28 FL 33149
City & State

29 33149 Zip Country
USA

9. Name and Address of Current Registered Agent

ABALLI, ALICIA
670 ALLENDALE ROAD 149 Harbor DR
KEY BISCAYNE FL 33149 Key Biscayne FL 33149

3. Date Incorporated or Qualified
06/11/1993

3a. Date of Last Report
07/25/1996

4. FEI Number
31-1467669

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Same

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 *Alicia Aballi President*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 PD
NAME ABALLI, ALICIA
STREET ADDRESS 670 ALLENDALE ROAD 149 Harbor DR
CITY, ST, ZIP KEY BISCAYNE FL 33149

12.2 VP
NAME ABALLI, ARTURO J
STREET ADDRESS 670 ALLENDALE ROAD 149 Harbor DR
CITY, ST, ZIP KEY BISCAYNE FL 33149

12.3 SD
NAME MARTINEZ, LEANDRO
STREET ADDRESS 4301 N.W. 7TH STREET
CITY, ST, ZIP MIAMI FL 33126

12.4
NAME
STREET ADDRESS
CITY, ST, ZIP

12.5
NAME
STREET ADDRESS
CITY, ST, ZIP

12.6
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE Board Member ☐ Change ☒ Addition
13.2 NAME Martin Garfinkel
13.3 STREET ADDRESS 111 Crandon Blvd B502
13.4 CITY, ST, ZIP Key Biscayne FL 33149

13.5 TITLE Vice President ☐ Change ☒ Addition
13.6 NAME NANCIE Serpico White
13.7 STREET ADDRESS 551 S. MASHTA DR.
13.8 CITY, ST, ZIP Key Biscayne

13.9 TITLE Treasurer ☐ Change ☒ Addition
13.10 NAME NANCY DOKE HARRISON
13.11 STREET ADDRESS 200 West MASHTA DR
13.12 CITY, ST, ZIP Key Biscayne FL 33149

13.13 TITLE Secretary ☐ Change ☒ Addition
13.14 NAME Bill Bailey
13.15 STREET ADDRESS 338 W. Heather
13.16 CITY, ST, ZIP Key Biscayne FL 33149

13.17 TITLE Board Member ☐ Change ☒ Addition
13.18 NAME Carrie Singleton
13.19 STREET ADDRESS 111 Crandon Blvd.
13.20 CITY, ST, ZIP Key Biscayne FL 33149

13.21 TITLE Board Member ☐ Change ☒ Addition
13.22 NAME Maxine Garfinkel
13.23 STREET ADDRESS 111 Crandon Blvd B502
13.24 CITY, ST, ZIP Key Biscayne FL 33149

14. I do 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.

SIGNATURE: *Alicia Aballi President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-97

305-361-5507

CR2E037 (9/96)