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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N93000002625 (2)**

1. Corporation Name
BORN FREE PET SHELTER INC.

Principal Place of Business	Mailing Address
19015 SW 220 ST MIAMI FL 33187 US	PO BOX 823 N/A 149 HARBOR DR. KEY BISCAYNE FL 33149 US

3. Date Incorporated or Qualified: 06/11/1993

4. FEI Number: 31-1467669 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 19015 S.W. 208 St.	26 P.O. Box 823
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl	City & State 28 Key Biscayne Fl.
Zip 24 33187 Country 25 U.S.A.	Zip 29 33149 Country 30 U.S.A

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABALLI, ALICIA 149 HARBOR DR KEY BISCAYNE FL 33149	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 Alicia G. Aballi Alicia G. Aballi 1-19-98
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABALLI, ALICIA G		1.2 NAME	D P Aballi Alicia G N/A
STREET ADDRESS	149 HARBOR DR		1.3 STREET ADDRESS	P.O. Box 823
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	Key Biscayne Fl 33149
TITLE	T	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ABALLI, ARTURO J		2.2 NAME	
STREET ADDRESS	149 HARBOR DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, LEANDRO		3.2 NAME	
STREET ADDRESS	4301 N.W. 7TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	BM	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	GARFINKEL, MARTIN		4.2 NAME	S Bailey, DoroThea
STREET ADDRESS	111 CRANDON BLVD B502		4.3 STREET ADDRESS	338 W. Heather Dr
CITY-ST-ZIP	KEY BISCAYNE FL		4.4 CITY-ST-ZIP	Key Biscayne, Fl. 33149
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, NANCIE SERPICO		5.2 NAME	
STREET ADDRESS	551 S MASHTA DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		5.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	HARRISON, NANCY DOKE		6.2 NAME	T Carlos M. Interian OMB
STREET ADDRESS	200 W MASHTA DR		6.3 STREET ADDRESS	951 S.W. Le Jeune Rd. Suite 201
CITY-ST-ZIP	KEY BISCAYNE FL		6.4 CITY-ST-ZIP	Miami Fl 33134

CR2E037 (10/97)

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.

SIGNATURE: Alicia G. Aballi 1-19-98 305-361-5507