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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000002625**

1. Corporation Name
BORN FREE PET SHELTER INC.

Principal Place of Business	Mailing Address
19015 SW 2208 ST MIAMI FL 33187 US	PO BOX 823 N/A KEY BISCAYNE FL 33149 US

19015 S.W 208 St Miami Fl. 33187 U.S.

2. Principal Place of Business
21 19015 S.W. 208 St, Miami, Fl 33187

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualifed
06/11/1993

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

5. Certifcate 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**

ABALLI, ALICIA
149 HARBOR DR
KEY BISCAYNE FL 33149

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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABALLI, ALICIA G		1.2 NAME	
STREET ADDRESS	P.O. BOX 823 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, LEANDRO		2.2 NAME	
STREET ADDRESS	4301 N.W. 7TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, DOROTHEA		3.2 NAME	
STREET ADDRESS	338 W HEATHER DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		3.4. CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, NANCIE SERPICO		4. 2 NAME	
STREET ADDRESS	551 S MASHTA DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	INTERIAN, CARLOS M D.M.D.		5.2 NAME	
STREET ADDRESS	9515 S.W. LE JEUNE RD, STE. 201		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Alicia G. Aballi 2-2-99 305-361-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)