


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N94000002351 (4)</b> 1. Corporation Name <b>PETS AND PEOPLE, INC.</b>		

Principal Place of Business <b>9990 SW 77TH AVE. SUITE 313 MIAMI FL 33156</b>	Mailing Address <b>1301 EAST RIDGE VILLAGE DR MIAMI FL 33157</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>05/10/1994</b>	3a. Date of Last Report <b>09/23/1996</b>
4. FEI Number <b>65-0611365</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MICHAEL L. BERGER, J.D., LL.M., P.A. 9990 SW 77TH AVE. SUITE 313 MIAMI FL 33156</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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	<input type="checkbox"/> DELETE
NAME	<b>PD CATHERINE NASH</b>
STREET ADDRESS	<b>1301 EAST RIDGE VILLAGE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD EDWARD A. HAMMATT JR</b>
STREET ADDRESS	<b>7800 RED ROAD</b>
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD MICHELLE DANG</b>
STREET ADDRESS	<b>17300 SW 84 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD BARBARA WIESINGER</b>
STREET ADDRESS	<b>8962 RIDGELAND DR</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SD SANDRA ANDERSEN</b>
1.3 STREET ADDRESS	<b>8507 S.W. 209 LANE</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33189</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PC</b>
5.3 STREET ADDRESS	<b>8-20</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900002275389</b>
6.3 STREET ADDRESS	<b>-08/25/97--01012--003</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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 \_\_\_\_\_ SIGNATURE REQUIRED DEC 8-14-97 253-8618

CR2E037 (4/97)