

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000003501 (3)**

1. Corporation Name

SOBE SPAY & NEUTER, CORPORATION



Principal Place of Business

Mailing Address

**10185 COLLINS AVENUE
#1222
BAL HARBOUR FL 33154**

**10185 COLLINS AVENUE
#1222
BAL HARBOUR FL 33154**

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0506537

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARON, IRMA M
10185 COLLINS AVE.
#1222
BAL HARBOUR FL 33154**

81 Name
Irma M. Barron

82 Street Address (P.O. Box Number is Not Acceptable)
10185 Collins Avenue

83 Zip
1222

84 City **Bal Harbour,** **FL** **85** Zip Code
33154

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

7/25/96

SIGNATURE

Irma M. Barron
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 ☐ DELETE
NAME **PD**
STREET ADDRESS **BARRON, IRMA**
CITY - ST - ZIP **10185 COLLINS AVENUE NO 1222
BAL HARBOUR FL 33154**

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **HARAN, CHEA**
CITY - ST - ZIP **169 LINCOLN RD. STE 219
MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **PASCUL, SUSAN H**
CITY - ST - ZIP **10185 COLLINS AVENUE NO 1222
BAL HARBOUR FL 33154**

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **GONZALEZ, MARIA E**
CITY - ST - ZIP **169 LINCOLN RD STE 219
MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

V/D

☐ Change ☒ Addition

2.2 NAME

A. Susan Fleming

2.3 STREET ADDRESS

101 Collins Avenue, No. 26

2.4 CITY - ST - ZIP

Miami Beach, Florida 33139

3.1 TITLE

T/S/D

☒ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Irma M. Barron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96

(305) 864-8649

Date

Daytime Phone #

0007765

CR2E037 (3/96)