


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 29 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
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**DOCUMENT # N94000005323 (0)**  
 1. Corporation Name  
**MINIATURE PINSCHER CLUB OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>11617 NW 35TH CT CORAL SPRINGS FL 33065</b>	Mailing Address <b>11617 NW 35TH CT CORAL SPRINGS FL 33065-7008</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1994</b>	3a. Date of Last Report <b>10/15/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0567860</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HARIG, RICHARD L                  11617 NW 35TH CT                  CORAL SPRINGS FL 33065</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARIG, RICHARD L	1.2 NAME	
STREET ADDRESS	11617 NW 35TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTTON, ANN	2.2 NAME	
STREET ADDRESS	13801 STIRLING RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARIG, SUE M	3.2 NAME	
STREET ADDRESS	11617 NW 35TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELBELLO, ARMANDO	4.2 NAME	
STREET ADDRESS	619 SW 17TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, FRED	5.2 NAME	
STREET ADDRESS	RT 1 BOX 277B	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISTRIM, VERA H	6.2 NAME	
STREET ADDRESS	7770 N.W. 50 ST., PH 510	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33351	6.4 CITY-ST-ZIP	

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: **RICHARD L HARIG** *R. Harig* Jan 6, 1997 954-845-4748

CR2E037 (9/96)