## FILED FILE NOW: FILING FEE IS \$61.25 May 15 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**Corporation Name N94000006170 (4) PET ADOPTION AND WELLNESS SOCIETY. INC. Principal Place of Business Mailing Address 2645 N.E. 186TH STREET 2645 N.E. 186TH STREET 3. Date Incorporated or Qualified MIAMI FL 33180 MIAMI FL 33180 12/19/1994 4. FEI Number Applied For 65-0541097 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zio Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TENZER, DR., NEIL B 82 Street Address (P.O. Box Number is Not Acceptable) 2645 NE 186TH STREET 83 **MIAMI FL 33180** 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 Signature, typed or printed name of registered agent and lifle if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE NAME TENZER, NEIL B 12 NAME **CR2E037** 2645 N.E. 186TH STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE TENZER, MICHAEL D 2.2 NAME NAME STREET ADDRESS 2645 N.E. 186TH STREET 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33180 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE REEDER, BOBETTE E NAME 3.2 NAME 2645 N.E. 186TH STREET STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33180 3 4, CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: