

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001524 (6)

1. Corporation Name

HOLLYDOGS GREYHOUND ADOPTION, INC.



Principal Place of Business

1600 S. DIXIE HWY.
HOLLYWOOD FL 33020

Mailing Address

1600 S. DIXIE HWY.
HOLLYWOOD FL 33020-62593. Date Incorporated or Qualified
03/28/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0580498

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RIZZI, SILVANA
1600 S. DIXIE HWY.
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORTELLA, SERGIO	1.2 NAME	Paul Beaird
STREET ADDRESS	1600 S. DIXIE HWY.	1.3 STREET ADDRESS	1401 Cortez St.
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Miami - FL 33134
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIZZI, SILVANA	2.2 NAME	Carol Beaird
STREET ADDRESS	1600 S. DIXIE HWY.	2.3 STREET ADDRESS	1401 Cortez St.
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Miami - FL 33134
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GACEL, YAMIL	3.2 NAME	
STREET ADDRESS	8275 S.W. 2ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLINAME, BETTY	4.2 NAME	
STREET ADDRESS	14905 S.W. 11TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, ELLEN	5.2 NAME	
STREET ADDRESS	7761 S.W. 134 AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GACEL, MARY	6.2 NAME	
STREET ADDRESS	8275 S.W. 2ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/97 (954) 925-7758
Date Daytime Phone # 0021182

CR2E037 (9/96)