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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 PM 4:12
SECRETARY OF STATE

DOCUMENT # N98000004033

1. Corporation Name
ORPHAN ANIMAL RESCUE, INC.

Principal Place of Business	Mailing Address
3751 N.E. 170 STREET #2 NORTH MIAMI BEACH FL 33160	3751 N.E. 170 STREET #2 NORTH MIAMI BEACH FL 33160

2. Principal Place of Business 21 3751 NE 170 ST	2a. Mailing Address 26 ← SAME	3. Date Incorporated or Qualified 07/10/1998
Suite, Apt. #, etc. 22 #2	Suite, Apt. #, etc. 27	4. FEI Number 65-0851861 ☐ Applied For ☐ Not Applicable
City & State 23 NO. MIA. BCH, FL	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33160 Country 25 DADE	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHEFLIN, BONNE Z 3801 HOLLYWOOD BLVD. SUITE 100 HOLLYWOOD FL 33021	81 Name: KATHLEEN A. POIRIER 82 Street Address (P.O. Box Number is Not Acceptable): 3751 NE 170 ST #2 83 84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33160

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: Kathleen A Poirier 9/1/99
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 NAME STREET ADDRESS CITY-ST-ZIP	PT POIRIER, KATHLEEN A , DIRECTOR 3751 N.E. 170 STREET #2 NORTH MIAMI BEACH FL 33160	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	V MASSON, JOHN P , DIRECTOR 1167 N.W. 113 TERRACE MIAMI FL 33160	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEN, SANDE 2221 N.E. 164 STREET #303 NORTH MIAMI BEACH FL 33160	☐ DELETE	3.1 TITLE T 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ANTONIA MASSON 1169 N.W. 113 TER, 33004 MIAMI, FL 33168	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kathleen A Poirier 9/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

KATHLEEN A. POIRIER, DIRECTOR

J. P. Masson DIR. 9/1/99
JOHN P. MASSON DIR.

CR2E037 (5/99)