## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

1. Corporation Name

P93000031356 (7)

| DIDDO  | SUPPLIES | INIA. |
|--------|----------|-------|
| RIRIIN |          | INII. |

| LIFETI   | ME BIRDS SUPPLIES IN  | C.  |  | 1 1841 POL 114 1844 1991 BRAY BR  |                                      |
|--|---|---|--|---|--------------------------------------|
| Principal Place                                  | of Business   | Mailing Address   | ·  | I HADINDOL DIN FOLDO (HAIF ADIR) DEL  |                                      |
| 9550 NW 12<br>MIAMI FL 33<br>US                  |   | 11375 SW 45 ST<br>MIAMI FL 33165  |  |   |                                      |
| 00   |   | US  |  | 3. Date incorporated or Qualified 04/29/1993  | 3a. Date of Last Report              |
| 2. Principal Pla                                 | ace of Business   | 2a. Mailing Address   |  | 4. FEI Number   | 11/01/1995<br>Applied For            |
| 21   |   | 26  |  | 65-0405248  | Not Applicable                       |
| Suite, Apt. I                                    | ŧ, eta.   | Suito, Apt. #, etc.   |  | 5. Certificate of Status Desired  | \$8.75 Additional                    |
| 22 Ca. 9 Card                                    |   | 27  |  | 5. Certificate of Status Desired  | Fee Required                         |
| City & State                                     | ·   | Oity & State  |  | <b>6.</b> Election Campaign Financing<br>Trust Fund Contribution                                | \$5.00 May Be<br>Added to Fees       |
| Ζρ   | Country   | Z(p)  | Country  | 8. This corporation has liability for   |                                      |
| 24   | 25<br>9. Name and Address of Cur  | zont Bagistavad Ananh   | [30]   | · · · · · · · · · · · · · · · · · · ·   | □No                                  |
|  | 3. Hame and Address of Cur  | rent negistered Agent   | 81 Name  | 10. Name and Address of New F   | legistered Agent                     |
| NAME I   | Maria G   |   |  |   |                                      |
|  | SW 45 ST  |   | 82 Stree                                       | t Address (P.O. Box Number is Not Acceptal:   | le)                                  |
| MIAMI F  |   |   | 83   |   |                                      |
| ***************************************          | _ *****   |   | ļ  |   |                                      |
|  |   |   | <b>84</b> Ony                                  |   | FL 85 Zip Code                       |
| 11. Pursuant to<br>or registere<br>familiar with | o the provisions of Sections 607.01<br>ed agent, or both, in the State of F<br>h, and accept the obligations of S | 302 and 607.1508, Florida Statu<br>orida. Such change was authori<br>ortion 607.0508. Elevida Statut. | ites, the above named a zed by the corporation | corporation submits this statement for the pur<br>is board of directors. Thereby accept the app |                                      |
| SIGNATURE  | a condition of the conditions (ii. co   | ocoror Gor Medda, menda digitite  |  |   |                                      |
| SIGNATURE  | Signature based or protection is of registering.  | Sint appointment application (Co  | rolfi. Ek gi zorea Agent Signatur              | or frequency where they all going   | DATE                                 |
|  | OF FIGURE   | AND DIRECTORS   | 13.  | ADDITIONS/CHANGES 10 OFF  | ICERS AND DIRECTORS IN 12            |
| TITLE  | DP  | ☐ DELETE  | 1 1 THLE                                       |   | Change Addition                      |
| NAME<br>Other Appropries                         | NAME, JUAN A  |   | 1.2 NAME                                       |   |                                      |
| STREET ADDRESS                                   | 11375 SW 45 ST<br>MIAMI FL  |   | 1.3 STREET ADDRESS                             | ·   |                                      |
| CHY-ST-ZIP<br>TITLE                              | DS  | DELETE  | 14 CITY - ST - ZIF<br>2 TITLE                  |   |                                      |
| NAME   | NAME, MARIA G   |   | 2 2 NAME                                       |   | Change Addition                      |
| STREET ADDRESS                                   | 11375 SW 45TH ST  |   | 2.3 STREET ADDRESS                             |   |                                      |
| CITY - ST - ZIP                                  | MIAMI FL  |   | 2.4 C-TY ST-ZIF                                |   |                                      |
| TITLE  | VANA  | DELETE  | 3 1 Idle                                       |   | Change Addition                      |
| NAME   |   |   | 3.2 NAME                                       |   |                                      |
| STREET ADDRESS                                   |   |   | 3.3 STREET ADDRESS                             | 5   |                                      |
| CITY - ST - ZIP                                  |   |   | 3.4 CITY - ST- ZIP                             |   |                                      |
| TITLE  |   | C DELETE  | 4 1 TULE                                       |   | Change Addition                      |
| NAME   |   |   | 4.2 NAME                                       |   |                                      |
| STREET ADDRESS                                   |   |   | 4.3 STREET ADDRESS                             |   |                                      |
| CITY - ST - ZIP                                  |   | FT) 1.0 5.1   | 4.4 CHIY - ST - ZIP                            |   |                                      |
| THTLE<br>NAME                                    |   | [] DELETE   | 5 1 11°UF                                      |   | Change                               |
| STREET ADDRESS                                   |   |   | 5.2 NAME                                       |   |                                      |
|  |   |   | 5.3 STREET ADDRESS                             |   | İ                                    |
| CHY-ST-ZIF                                       |   | DELETE  | 54CTY-ST-ZP                                    |   |                                      |
| NAME   |   |   | 6 1 TILE                                       |   | ☐ Change ☐ Addition                  |
| PIMITEL VIDENIESS                                | <del></del>   |   | 6.2 NAME<br>6.3 STREET ADDRESS                 |   |                                      |
| CITY - ST - ZIP                                  |   |   | 6.4 C(I) - S1 - Z/F                            |   |                                      |
| 14. I do hereby                                  | certify that the information supplied the information indicated on this are                                       | d with this filing is voluntarily fun   | nished and does not qu                         | Liability for the exemption stated in Section 119.0   | 07(3)(k), Florida Statutes I further |

oath, that I am an officer or director of the constraint or the research of the research of the constraint or the research of the constraint or the research or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that in y name appears in Block 12 or Brock 13 if changed for an attachment with an artifices.

SIGNATURE: