

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 20 AM 10:13

**DOCUMENT # P93000032413 (5)**

1. Corporation Name

**KROME ANIMAL HOSPITAL, INC.**

Principal Place of Business

19746 S.W. 177TH AVE.  
MIAMI FL 33187

Mailing Address

19746 S.W. 177TH AVE.  
MIAMI FL 33187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0405186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

6. This corporation has liability for alternate tax under s. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**MENA, CESAR E**  
**19746 S.W. 177TH AVE.**  
**MIAMI FL 33187**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

TITLE

**D**

NAME

**MENA, CESAR E**

STREET ADDRESS

**19746 S.W. 177TH AVE.**

CITY - ST - ZIP

**MIAMI FL 33187**

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

TITLE

**D**

NAME

**MENA, MARY K**

STREET ADDRESS

**19746 S.W. 177TH AVE.**

CITY - ST - ZIP

**MIAMI FL 33187**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Cesar E. Menas* **CESAR E. MENA PRES.** 6/16/95

305-255-5717

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Optional Phone #)

CR2E034 (3/85)