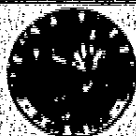


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086448 (6)

1. Corporation Name

PETCAFE EXPRESS, INC.

Principal Place of Business

12950 NORTH CALUSA CLUB DRIVE
MIAMI FL 33186

Mailing Address

12950 NORTH CALUSA CLUB DRIVE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/16/1993

3a. Date of Last Report

04/14/1994

2. Principal Place of Business

21 13724 N. KENDALL DRIVE

2a. Mailing Address

26

Suite, Apt. #, etc.

22 SUITE 176

Suite, Apt. #, etc.

27

City & State

23 MIAMI FL

City & State

28

Zip

24 33186

Country

25 USA

Zip

29

Country

30

4. FEI Number

65-0454992

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LEFEVRE, BERNARD
12950 N CALUSA CLUB DR.
MIAMI FL 33186-1705

10. Name and Address of New Registered Agent

81 Name LEFEVRE BERNARD

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

13724 N. KENDALL DRIVE

83 SUITE 176

84 City MIAMI

FL

85 Zip Code 33186

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

BERNARD LEFEVRE

(NOTE: Registered Agent signature required when reappointing)

DATE

4/5/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LEFEVRE, BERNARD
12950 N. CALUSA CLUB DR
MIAMI FL 05

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
JONES, JERRY
101 S. GULFSTREAM AVE #15-D
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PRESIDENT
LEFEVRE BERNARD
13724 N. KENDALL DRIVE STE 176
MIAMI FL 33186

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
CHANGE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 110.07(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 collector 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD LEFEVRE

4/5/95

(305) 7432647