FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
PETCARE EXPRESS, INC.

Principal Place of Business	Mailing Address
12950 NORTH CALUSA CLUB DRIVE MIAMI FL 33186	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
22 Suite, Apt. #, etc.: SUITE 176
23 City & State: MIAMI FL
24 Zip: 33186
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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] BERNARD LEFEVRE 4/5/95
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	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LEFEVRE, BERNARD	1.2 NAME	LEFEVRE BERNARD	
STREET ADDRESS	12950 N. CALUSA CLUB DR	1.3 STREET ADDRESS	13724 N. KENDALL DRIVE STE 176	
CITY-ST-ZIP	MIAMI FL 05	1.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	2.1 TITLE	CHANGE	☒ Change ☐ Addition
NAME	JONES, JERRY	2.2 NAME		
STREET ADDRESS	101 S. GULFSTREAM AVE #15-D	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] BERNARD LEFEVRE 4/5/95 (305) 7432647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0608111 CP