

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 19 PM 11:31

DOCUMENT # P94000028472 (6)

1. Corporation Name  
PET LMO, INC.

Principal Place of Business  
9854 SOUTHWEST 8 STREET, UNIT 102  
MIAMI FL 33174

Mailing Address  
9854 SOUTHWEST 8 STREET, UNIT 102  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>04/14/1994                                                                                                             | 3a. Date of Last Report<br>N/A |
| 4. FEI Number<br>65-0481585                                                                                                                                 | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL, CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GUILLERMO DEL TORO  
82 Street Address (P.O. Box Number is Not Acceptable)  
9854 S.W. 8 St #102  
83  
84 City MIAMI FL 85 Zip Code 33174

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 fee if applicable

GUILLERMO DEL TORO

(NOTE: Registered Agent signature required when reappointing)

4/10/95

DATE

12. OFFICERS AND DIRECTORS

|                 |                                   |
|-----------------|-----------------------------------|
| TITLE           | P                                 |
| NAME            | DEL TORO, GUILLERMO               |
| STREET ADDRESS  | 9854 SOUTHWEST 8 STREET, UNIT 102 |
| CITY - ST - ZIP | MIAMI FL 33174                    |
| TITLE           | S                                 |
| NAME            | CECILIA DEL TORO                  |
| STREET ADDRESS  | 9854 S.W. 8 St, #102              |
| CITY - ST - ZIP | MIAMI, FL 33174                   |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(A), Florida Statutes. I further certify that the information indicated in 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO DEL TORO

4/10/95

(Date)

559-7304

(Telephone #)