

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Moore  
Secretary of  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000028472 (6)**

1. Corporation Name

**PET LIMO, 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**

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GUILLERMO DEL TORO  
9854 SW 8TH STREET #102  
MIAMI FL 33174**

3. Date Incorporated or Qualified

**04/14/1994**

3a. Date of Last Report

**04/17/1995**

4. FEI Number

**65-0481585**

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85

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, or if not applicable, the

NOTE: Registered Agent's signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**  
**DEL TORRO, GUILLERMO**  
STREET ADDRESS **9854 SOUTHWEST 8 STREET, UNIT 102**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ DELETE

NAME **S**  
**CECILIA DEL TORO**  
STREET ADDRESS **9854 SW 8TH STREET #102**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Add on

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2.1. TITLE ☐ Change ☐ Addition

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY-ST-ZIP

3.1. TITLE ☐ Change ☐ Addition

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-ST-ZIP

4.1. TITLE ☐ Change ☐ Addition

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-ST-ZIP

5.1. TITLE ☐ Change ☐ Addition

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-ST-ZIP

6.1. TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Guillermo Del Toro*

*4/8/96 305*

*559-7304*

CR2E034 (12/95)