

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000060495 (6)

1. Corporation Name

PETOSA CORP.

Principal Place of Business

1710 WEST 40 STREET
BAY #8
HALEAH FL 33012

Mailing Address

1710 WEST 40 STREET
BAY #8
HALEAH FL 33012



2. Principal Place of Business

2a. Mailing Address

21 1710 WEST 40 STREET

26 1710 WEST 40 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAY #8

27 BAY #8

City & State

City & State

23 HALEAH, FL.

28 HALEAH, FL.

Zip

Country

Zip

Country

24 33012

25 DADE

29 33012

30 DADE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0522344

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

CLELAND, WAYNE
4001 NW 11 STREET #5
MIAMI FL 33126

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 607.1505, 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 *Wayne Cleland Secretary, Director*

(Signature typed or printed name of registered agent must be attached)

(If NE - Registered Agent signature required when "removing")

6/6/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
CLELAND, WAYNE
4001 NW 11 STREET #5
MIAMI FL 33126

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
HUNTER, KM
8320 NW 8 STREET #114
MIAMI FL 33126

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
HODGSON, WAYNE E
530 NE 29 STREET #2
MIAMI FL 33137

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (12/95)