FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400073005 (8) R & S PET SHOP INC.									
Principal Place of Business Mailing Address						I 100/180/ ALD INCH DIAM ODIN ADDIN DANK		(1111 119111 11918	1 8401 1481
FLAGER PET SUPPLY \$420 WEST FLAGER ST. MIAMM FL \$3134		FLAGER PET SUPPLY 5420 WEST FLAGER ST. MIAMI FL 33134-1150			And the second section of the s			$\frac{1}{4}$	
						 Date Incorporated or Qualified 10/05/1994 		Date of Last R /23/1996	eporl
2. Principal P 21	Place of Business	2a. Mailing Address 26				4. FEt Number 65-0524984		No	oplied For of Applicable
Sulte, Apt. 22		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	le	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	30 Cou	ntry] Yes	□ No	. 199.032,
	g. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Re	gistere	d Agent	
Domninguez, sonia 18305 NW 8 Drive Pembroke Pines FL 33028				81 82 83	Name Street Add	dress (P.O. Box Number is Not Acceptab	le)		
•				84	City		FI	85 Zip (Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was pations of, Section 607.0505, F	utes, the ab authorized lorida Stat	pove of by utes	-named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of the ap	of changing it opointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	OTE Flagisteren	l Ager	nt signature requ	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AT	ND DIRECTOR	3S IN 12
TITLE	PD	DELETE	1.1 10	1.1 TITLE				Change	Addition
NAME	RODRIGUEZ, RAMON		1.2 NA	ME					Ì
STREET ADDRESS	6241 S.W. 20TH ST.		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155		1.4 CI		1 - ZIP				
TITLE	STD DOMINIOUEZ CONIA	DELETE	2.1 111		1,	0 - 1 '01003		Change	Addition
NAME	DOMINQUEZ, SONIA 16305 N.W. 8TH DRIVE		22 NA		1000ve2 \$	Radriquez, Sonia	•		
STREET ADDRESS	PEMBROKE PINES FL 33028		1		ADDRESS				
CITY-ST-ZIP TITLE	· MURITAINE I HIEA I E AAAEA	DELETE	2 4 C		01 - Z(F			Change	Addition
NAME		*****	3 2 NA						_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CI		ĺ				
TITLE		☐ DELETE	4.1 IV	ΓLE				Change	Addition
NAME			4, 2 N	AME	1				
STREET ADDRESS			4,3 \$1	REET	address				
CITY-ST-ZIP		——————————————————————————————————————	4.4 Cf		I - ZiP				
TITLE		DELFTE	5.1 1 1		-			Change	☐ Addilion
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP	<u> </u>	Driete	5.4 CI	• • • • • • • • • • • • • • • • • • • •	T - ZIP			Channe	Addition
TITLE		☐ DELETE	6.1 717		1			Change	Addition
NAME OTOGET 4 DOCUME			6.2 NA		1000100				
STREET ADDRESS			6.3 ST	REET	ADDRESS				

14. I do hereby certify that the information supplied with this filing 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.

64 CITY-ST-ZIP