

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 # P95000044988 (0)

1. Corporation Name
ARMANDO PET SHOP CORP.



Principal Place of Business: 4229 E 4 AVE HIALEAH FL 33010
 Mailing Address: 4229 E 4 AVE HIALEAH FL 33010

3. Date Incorporated or Qualified: 06/06/1995
 3a. Date of Last Report

2. Principal Place of Business: 4229 E 4th Ave
 2a. Mailing Address: 4229 E 4 Ave

4. FEI Number: 65-0663127
 Applied For
 Not Applicable

21. Suite, Apt #, etc.
 22. City & State: Hialeah, FL
 23. Zip: 33013
 24. Country: USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

25. City & State: Hialeah FL
 26. Zip: 33013
 27. Country: USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

28. Name and Address of Current Registered Agent: LLAURO, CIPRIANO A, 3281 NW 106 ST, MIAMI FL 33054

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City: MIAMI FL 85. Zip Code: 33054

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: *Armando Cipriano Llauro*
 Signature, typed or printed name of registered agent and address of office

12. OFFICERS AND DIRECTORS	
TITLE: President	<input type="checkbox"/> DELETE
NAME: Armando Cipriano Llauro	
STREET ADDRESS: 3281 NW 106 Calle	
CITY-ST-ZIP: MIAMI FL 33147	
TITLE: THE SAME	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY-ST-ZIP:	
5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY-ST-ZIP:	
9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY-ST-ZIP:	
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. CITY-ST-ZIP:	

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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: *Armando Cipriano Llauro* April 1996 305-687-1915
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)