

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # **P95000044988**  
1. Corporation Name  
**ARMAUNDO PET SHOP, CORP.**

3. Principal Place of Business Mailing Address

**4229 E. 4th. Ave.  
Hialeah, FL 33010**

3. Date Incorporated or Qualified **JUNE 6, 1995** 3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0663127</b>	Applied For Not Applicable
22. Suite, Apt., Floor	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	28. Country	8. This corporation has liability for Irrevocable tax under s. 199.03? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Zip	29. Zip	10. Name and Address of New Registered Agent	

**CIPRIANO A. LLAURO  
3281 N.W. 106ST.  
MIAMI, FL 33054**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

I, the undersigned, being a duly qualified registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		1.2 NAME	
CITY, ST, ZIP		1.3 STREET ADDRESS	
TITLE		1.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	

**000002169940  
-05/07/97--01093--030  
\*\*\*165.00**

I, the undersigned, being a duly qualified registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing) DATE

SIGNATURE (305) 687-1915  
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR