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 # **P95000069240 (6)**

1. Corporation Name

ANIMAL LOVERS CENTER, INC.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD STE 911 DOUGLAS CENTRE CORAL GABLES FL 33134	2600 DOUGLAS ROAD STE 911 DOUGLAS CENTRE CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **09/08/1995**
3a. Date of Last Report:

4. FEI Number: **65-0611643** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 **8454 S.W. 24th St.**	26 **8454 S.W. 24th St.**
22 Suite, Apt. #, etc:	27 Suite, Apt. #, etc:
23 City & State: **Miami, FL**	28 City & State: **Miami, FL**
24 Zip: **33155** 25 Country: **U.S.A.**	29 Zip: **33155** 30 Country: **U.S.A.**

9. Name and Address of Current Registered Agent

BLUMENFELD, JACK R
2600 DOUGLAS ROAD STE 911
DOUGLAS CENTRE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: **Hurtado, Xiomara**
82 Street Address (P.O. Box Number is Not Acceptable): **4637 S.W. 75th Ave.**
83
84 City: **Miami** **FL** 85 Zip Code: **33155**

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: Xiomara Hurtado Xiomara hurtado March 13, 1996
(Signature of New Registered Agent, if changing) (Printed or typed name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PSTD** **PEREZ, JESUS** **2600 DOUGLAS ROAD STE 911** **CORAL GABLES FL 33134** ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**D/P** **Hurtado, Xiomara** **4637 S.W. 75th Ave.** **Miami, FL 33155** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	**D/S/T** **Hurtado, Miguel** **4637 S.W. 75th Ave.** **Miami, FL 33155** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valid, that I am not qualified 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, added, or deleted.

SIGNATURE: Xiomara Hurtado **Xiomara Hurtado** **(305) 223-7141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone Number)