FILE NOW: FILING FEE AFTER MAY 1 IS $22 00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000070247 (8)**

1. Corporation Name
JUNGLE & FARM REPTILES INC.

Principal Place of Business
6450 IVES DAIRY RD
#415
N MIAMI BEACH FL 33179

Mailing Address
6450 IVES DAIRY RD
#415
N MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: **09/12/1995**
3a. Date of Last Report:

4. FEI Number: 65-0608762 — Applied For / Not Applicable

2. Principal Place of Business
21 170 NE 187 ST
22 Suite, Apt. #, etc.
23 City & State: N. MIAMI, FL
24 Zip: 33179 25 Country

2a. Mailing Address
26 170 NE 187 ST
27 Suite, Apt. #, etc.
28 City & State: N. MIAMI FL
29 Zip: 33179 30 Country

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

9. **Name and Address of Current Registered Agent**

OLIVEIRA, DILSON P
6450 IVEA DAIRY RD.
#415
N MIAMI BEACH FL 33179

10. **Name and Address of New Registered Agent**

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 Section 607.0505 and 607.1508, 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 X / Dilson Inacio de Oliveira — MARCH 17/96 12:37 PM
Signature of a Member of the Board of Directors or Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OLIVEIRA, DILSON P
STREET ADDRESS	% 6450 IVES DAIRY RD. #415
CITY, ST, ZIP	N MIAMI BEACH FL 33179
TITLE	V
NAME	RIVERA, ERNESTO P
STREET ADDRESS	C/O 6450 IVES DAIRY ROAD, #415
CITY, ST, ZIP	N. MIAMI BEACH FL 33179
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	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ 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 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 is entered in Block 14 or attached with an asterisk.

SIGNATURE: X / Dilson Inacio de Oliveira — MARCH 17 - 96. 12:37 PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)

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