

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000020630 (5)

1. Corporation Name

ANIMAL CLINIC OF HIALEAH, INC.

Principal Place of Business

3780 WEST FLAGLER ST.  
MIAMI FL 33134

Mailing Address

3780 WEST FLAGLER ST.  
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

65-0648308

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 240 W 49 ST

Suite, Apt. #, etc.

22 City & State

23 HIALEAH FL

Zip

24 33012

Country

25 DADE

2a. Mailing Address

26 240 W 49 ST

Suite, Apt. #, etc.

27 City & State

28 HIALEAH FL

Zip

29 33012

Country

30 DADE

9. Name and Address of Current Registered Agent

RODRIGUEZ-BETANCOURT, MIGUEL ESQ.  
3780 WEST FLAGLER ST.  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name  
MIGUEL RODRIGUEZ-BARROSO  
82 Street Address (P.O. Box Number is Not Acceptable)  
240 W 49 ST  
83  
84 City  
HIALEAH FL 85 Zip Code  
33012

11. Pursuant to the provisions of Sections 607.0502 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARROSO, MIGUEL R  
STREET ADDRESS 240 WEST 49TH ST.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE VD  
NAME RODRIGUEZ, CECILIA  
STREET ADDRESS 240 WEST 49TH ST.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE TD  
NAME RODRIGUEZ-BETANCOURT, MIGUEL  
STREET ADDRESS 3780 WEST FLAGLER ST.  
CITY-ST-ZIP MIAMI FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDT  
1.2 NAME MIGUEL RODRIGUEZ-BARROSO  
1.3 STREET ADDRESS 240 W 49 ST  
1.4 CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE VDS  
2.2 NAME CECILIA RODRIGUEZ  
2.3 STREET ADDRESS 240 W 49 ST  
2.4 CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE

*[Signature]*

1-27-98

CR2E034 (10/97)