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FILED
Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043611 (8)

1. Corporation Name
NEIGHBORHOOD PET SHOP, INC.

Principal Place of Business

10052 NORTHWEST 70TH COURT
HIALEAH FL 33012

Mailing Address

10052 NORTHWEST 70TH COURT
HIALEAH FL 33012

Principal Place of Business

21 574 Hialeah Drive
Suite, Apt. #, etc.

22 City & State

23 Hialeah, FL

24 33010

Country

25 Dade

Mailing Address

26 574 Hialeah Drive
Suite, Apt. #, etc.

27 City & State

28 Hialeah, FL

29 33010

Country

30 Dade

9. Name and Address of Current Registered Agent

~~RIEGLER, JAMES~~
~~12051 SOUTH DIKE HIGHWAY~~
~~SOUTH PARK CENTRE, SUITE 200~~
~~MIAMI FL 33150-5075~~

3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

4. FEI Number

65-0661792

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

10. Name and Address of New Registered Agent

81 Name

Luis A. Salene

82 Street Address (P.O. Box Number is Not Acceptable)

60 West 12th Street APT A

83

84 City

Hialeah

FL

85 Zip Code
33010

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 in Florida and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Luis Salene

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
AMEJEIRAS, LUIS G
10052 NORTHWEST 70TH COURT
HIALEAH FL 33012

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D
RODRIGUEZ, FELIX M
500 WEST 45TH PLACE
HIALEAH FL 33012

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Director/President
Luis Alberto Salene
60 West 12th Street, Apt A
Hialeah, Florida 33010

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Same As Above

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

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

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

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

14. I do 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 this report.

SIGNATURE:

Luis Salene

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)