SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077264 (5)

JULIE'S PET SERVICE INC.

Principal Place of Business

Mailing Address

FILED

97 AUG 13 PM 3:45

SECHETARY OF STATE TALLAHASSEE, FLORIDA



| 7477 S.W. 82N APT. C219 MIAMI FL 3314 | 13-7361 | 7477 S.W. 82ND STREET APT. C219 MIAMI FL 33143-7361 | | DO NOT WRITE 3. Date Incorporated or Qualified 09/16/1996 | 3a. Date of Last Report |
|---|----------------------------------|---|---|--|-----------------------------|
| | ace of Businoss -SW 82 Street | 26. Mailing Address 26. 7477 - SW 82 | Sheet | 4. FEI Number 105-0734165 | Applied For Not Applicable |
| 21 747,4 Suite, Apt. | | Suite, Apt. #, etc. | 311001 | | CO 75 A 430 |
| 22 | (CIII) | 27 | | Certificate of Status Desired | Fee Required |
| City & State | mi, FL | City & State 28 Miami | FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 33 | 43 25 Dade | ^{Zip} 33143 30 | Dade | This corporation owes or has pai Personal Property Tax due June | 30. Yes No |
| 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11 IENIGAS III IE | | | | | |
| This is the 1st | | | | | |
| APT. C219 APT. C219 APT. C219 Continued the received Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI FL 33143-7361 20016d up to office. (83) | | | | | |
| 1410 4 | | allea your order | SO BA City | | law I Zim Condo |
| | | structed to pay 165 | | | FL 85 Zip Code |
| 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. It 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 | | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | | Change Addition |
| NAME | LUENGAS, JULIE | | 1.2 NAME | | |
| STREET ADDRESS | 7477 SW 82ND ST, APT C219 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33143-7361 | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 2.1 TrTLE | | ☐ Change ☐ Addition |
| NAME | LUENGAS, ALFONSO A | | 2.2 NAME | 6000022 | 689669 7-0115-012 |
| STREET ADDRESS | 7477 SW 82ND ST, APT C219 | | 2.3 STREET ADDRESS | -08/15/9 | 701115012 |
| dity-ST-ZIP | MIAMI FL 33143-7361 | Doucre | 2. 4 CITY-ST-ZIP | ****165 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | , |
| STREET ADDRESS | | İ | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | ı |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | 75 |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | -14-97 Change Addition |
| TITLE | | DELETE | 6.1 TITLE | - | Change Addition |
| NAME | * | | 6.2 NAME | % | 7771 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | v | |
| 0177 07 70 | | | D 4 D 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | |

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 an address.