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

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P96000 INO KENNELS, INC.	101413 (8)		
Principal Place of Business		Mailing Address		
13800 SW 8TH ST. SUITE 172 MIAMI FL 33184		13800 SW 8TH ST. SUITE MIAMI FL 33184	172	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		12/12/1996 4. FEI Number Applied For
21		26		45-07/24)8 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
24	25		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Current			10. Name and Address of New Registered Agent
ALONSO, ALFRED 81 Name				Revusido FANDINO
13800 SW 8TH ST, SUITE 172				Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33184				100 CW & +11 Sh Suite 172
			83	
			84 City	FL 85 JBCP4
de Burguant	to the provisions of Continue CO7 0403	and 607 1509. Florida Clatut		
office or	registered agent, or both, in the State of	of Florida, Such change was a	outhorized by the corr	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
1		0 m	iles.	10-1
SIGNATURE	To as re, typed or printed name of registered agent	and tile if applicable. (NOTE	Hegislered Agent signature	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	Pres. Change Addition
NAME			1.2 NAME	Rejuntation Franceio 13tos su e st. Suite 172
STREET ADDRESS			1.3 STREET ADDRESS	I ST SOITE II
CITY-ST-ZIP		DELETÉ	1.4 C/TY-ST-Z/P	Mism; F1 33184 Change Addition
TITLE	i	□ oterete	2.1 TITLE 2.2 NAME	Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME		•	3.2 NAME	-
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addilion
NAME '			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Doctor	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME OXDEST ADDRESS			5.2 NAME	
STREET ADDRESS		A	5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- \$1 - ZIP 6.1 TITLE	Change Addition
NAME		_ vector	6.2 NAME	_ Onerigo
STREET ADDRESS			6.3 STREET ADDRESS	,

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 eath; 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.

6.4 CITY-ST-ZIP

FILED

Sep 19 1997 8:00am

Secretary of State