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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 22 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050203 (3)

ANIMAL STERILIZATION & IMMON	IIZATION SERVICE INC	) Ja		
Principal Place of Business	Mailing Address	<del></del>		E 178 E 1811 89108 1111 1881
2526 S.W. 27TH AVENUE 2526 S.W. 27TH AVENUE MIAMI FL 33133 MIAMI FL 33133			DO NOT WRITE IN THIS SPA	ACE
			3. Date Incorporated or Qualified	
			07/01/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0761915	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28 Zip	Country		Added to Fees
24 25	29	30	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year intangible Yes
9, Name and Address of Currer		1901	10. Name and Address of New Registered Ag	
BASTERRECHEA, MABEL		81 Name		<u> </u>
4015 UNIVERSITY DR		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL		52 Street Add	iress (F.O. box Number is Not Acceptable)	
		83		
		84 City		ar Zin Codo
		84 City	FL !	85 Zip Code
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida Such change was a ations of, Section 607.05 <b>05</b> , Flo	es, the above-named corp authorized by the corpora orida Statutes.	poration submits this statement for the purpose of chation's board of directors. I hereby accept the appoin	hanging its registered ntment as registered
SIGNATURE Signature, typod or printed name of registered agr	and title if engleship (NOT)	C D		
			ired when reinstating) DATE	
12. OFFICERS AN		E: Registered Agent signature requi		DIRECTORS IN 12
12. OFFICERS AN TITLE PTD			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12 Change
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE PTD	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE PTD  NAME BASTERRECHEA, MABEL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND D	
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TITLE PTD  NAME BASTERRECHEA, MABEL  STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146  TITLE SVD  NAME FIGAROLA, FERNANDO	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ACCIDESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
TITLE PTD  MAME BASTERRECHEA, MABEL  STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146  TITLE SVD  NAME FIGAROLA, FERNANDO  STREET ADDRESS 4000 GRANADA BLVD.	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
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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 chapted, or on an attachment with an address.