

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90075 016 ***150.00

DOCUMENT # P97000052721

1. Corporation Name

K9 LOVERS COMPANY

Principal Place of Business

6985 N W 82ND AVE
SUITE 9-D
MIAMI FL 33166
US

Mailing Address

6985 NW 82ND AVE
SUITE 9-B
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

65-0760579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No.

2. Principal Place of Business

2a. Mailing Address

21 5055 COLLINS AV.

26 5055 COLLINS AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 9-B

27 9-B

City & State

City & State

23 MIAMI -

28 MIAMI

Zip

Country

24 33140 25 FL.

Zip

Country

29 33140 30 FL.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KONDLA, RICHARD F
12501 NORTH KENDALL DR.
SIDE SUITE
MIAMI FL 33186

81 Name

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

83

84 City

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. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CESAR, OSVALDO D
STREET ADDRESS 6985 N W 82ND AVE
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME SRUR, MIGUEL OSCAR
STREET ADDRESS 5825 COLLINS AVENUE SUITE 9-D
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME CESAR, OSVALDO DANIEL
STREET ADDRESS 5825 COLLINS AVE., STE. 9-D
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ DELETE

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

TITLE VPD
NAME FELDMAN DE SRUR, ETEL ROSA
STREET ADDRESS 5825 COLLINS AVE., STE. 9-D
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99

(305)8860674

0242097

CR2E034 (1/198)