5.14-98 B 7348 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102729 (5)

THE BEST PUPPIES AND FARM SUPPLY, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			
1 9330 SW 31	· · · · · · · · · · · · · · · · · · ·	19320 SW-216TH 9TRI	:E1		
MAM FL 22170		MIAMI FL 33170		DO NOT WRITE IN THIS SPACE	
7213 CORAL WAY		7213 CORAL WAY		3. Date Incorporated or Qualified	
Miam: F1. 33155 Miam! F1. 3			33155	12/05/1997	\
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
21		26		65-080132	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Curr	ent Registered Agent		Name and Address of New Fleg	stered Agent
RE	NE NAVARRO, P.A.		81 Name	Rodrigo Sepulve	de
	O GATALONIA AVENUE-		62 Street Ad	ddress (P.O. Box Number is Not Acceptable	,
SUITE-505				213 CORAL WAY	,,
	NRAL-GABLES FL 33134		63	2/3 30.2.4.	
0.	INTE WINDLES TE SOTOT		<u> </u>		
			84 City	Mr.	FL 85 Zip Code
		100 T 1000 Ft 14 O		Miami	FL 33/55
11. Pursuant	to the provisions of Sections 607.09 egistered agent, or both, in the Sta	502 and 607.1508, Florida Stat te of Florida. Such c hange wa	utes, the above-hamed corpo	orporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
agent. I a	m familiar with, and accept the obt	gations of Section 607.0505,	Florida Statutes		-
SIGNATURE	(X) organi	LUBAY R	O Ver'go Schul OIE Registered Agent significate	reda, H	-40-98
	Signature, typed or printed name of registered a			comen when remains not	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	TOP .	☐ DELETE	1.1 TITLE		Change Addition
NAME	SE PULVEDA, RODRIGO		1.2 NAME		
STREET ADDRESS	19320 SW 216TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		1.4 CITY - ST - ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	BEATO, CLARA		2.2 NAME		
STREET ADDRESS	19320 SW 216TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		2. 4 CITY - ST - ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	4.1 TILE		Change Addition
TITLE		FT DEFEIE	4.1 HILE		C change C Addition

14. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.4 CITY - S1-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST- ZIP

3.6 - 44 6.65

☐ Addition

Addition

Change

Change