SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P98000037347** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name A.A. ANIMAL SUPPLY INC. 04-10-2000 90041 039 ***150.00 Principal Place of Business Mailing Address 4011 N.W. 79TH AVENUE 4011 N.W. 79TH AVENUE MIAMI FL 33166-6500 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0830301 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Luis Duco SANCHEZ, RUBEN Street Address (P.O. Box Number is Not Acceptable) 13259 S.W. 9TH LANE 2775 Hackney Road MIAMI FL Fort Lauderdale, Fl 33331 Zip Code City FL rpost of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pamed entity submit Luis Duco President SIGNATURE tle if applicable or printed name of registered age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ~ = After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Pres-Sec-T Addition **Z** Delete TITLE TITLE Luis Duco SANCHEZ, RUBEN NAME NAME 2775 Hackney Road STREET ADDRESS STREET ADORESS 13259 S.W. 9TH LANE Fort Lauderdale, Fl 33331 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP d with this filing does not chalify for the exemption stated in Section-119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute history port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if assets, with all other like empowered. 13. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation of the receiver or trusted empowered to executed. attachment with an a

Luis Duco - Pres.

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR