

04301999-90154-007-\$150.00-\$150.00

1999.

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90154 007 ***150.00

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AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000067230

1. Corporation Name

CRITTER CUTS INC.

Principal Place of Business **Mailing Address**
 16447 N.W. 67TH AVENUE 16447 N.W. 67TH AVENUE
 HIALEAH FL 33014 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1998

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0854174		Not Applicable	
2 City & State		27 City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
3 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees ☐ Yes ☐ No	
4 Country		29 Country		30 Country		8. This corporation owes the current year Intangible Personal Property.	
25		29		30		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PENA, REINA
 16447 N.W. 67TH AVENUE
 HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	☐ Change ☐ Addition
NAME	PENA, REINA	1.2 NAME	
STREET ADDRESS	16447 N.W. 67TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DUARTE, IVAN	2.2 NAME	
STREET ADDRESS	16447 N.W. 67TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

7/24/99 (305) 825-7053
 (305) 448-9409
 Kronic