

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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90136 016 ***150.00

DOCUMENT # P98000092890

1. Corporation Name LOS ANDES KENNELS, INC.

Principal Place of Business PO BOX 33224 PALM BEACH GARDENS FL 33420

Mailing Address PO BOX 33224 PALM BEACH GARDENS FL 33420



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1998

2. Principal Place of Business 21 P.O. Box 666 Suite, Apt. #, etc. 22

2a. Mailing Address 26 P.O. Box 666 Suite, Apt. #, etc. 27

4. FEI Number 52-2128029 Applied For Not Applicable

23 City & State LOXAHATCHEE, FL Zip 33470 Country USA

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5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418

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

Table with 5 rows for officers and directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 5 rows for additions/changes to officers and directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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 REQUIRED

04.30.99

(561) 313.5486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0369599