

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20510** (1)
1. Corporation Name
LUIS PETS, INC.



Principal Place of Business: **11865 SW 26TH ST. STORE B8 MIAMI FL 33175**
Mailing Address: **11865 SW 26TH ST. STORE B8 MIAMI FL 33175**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: **12/20/1990**
3a. Date of Last Report: **08/24/1995**
4. FEI Number: **65-0242374**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MEDINA, LUIS H. 11865 SW 26TH ST. STORE B8 MIAMI FL 33175**
10. Name and Address of New Registered Agent (81-85) fields.

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12	
TITLE: D	NAME: MEDINA, LUIS H.	1.1 TITLE:	NAME: IVETT FIERRO
STREET ADDRESS: 11865 SW 26T ST STORE B8	CITY-ST-ZIP: MIAMI FL	12 NAME:	13 STREET ADDRESS: 840 W. 71TH ST. MIAMI FL 33014.
TITLE: D	NAME: BUTLER, RONALD D.	2.1 TITLE:	NAME:
STREET ADDRESS: 13476 SW 13TH TERR.	CITY-ST-ZIP: MIAMI FL	2.2 NAME:	2.3 STREET ADDRESS:
TITLE:	NAME:	2.4 CITY-ST-ZIP:	3.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	3.3 STREET ADDRESS:
TITLE:	NAME:	3.4 CITY-ST-ZIP:	4.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	4.3 STREET ADDRESS:
TITLE:	NAME:	4.4 CITY-ST-ZIP:	5.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.3 STREET ADDRESS:
TITLE:	NAME:	5.4 CITY-ST-ZIP:	6.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
TITLE:	NAME:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

6-24/96(305) 2251000