FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT May 11 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)PET WORLD OF MIAMI, INC. Principal Place of Business Mailing Address 3040 S.W. 130 AVE 3040 S.W. 130 AVE MIAMI FL 33175 **MIAMI FL 33175** DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified <u>07/25/1991</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SW 121 AUR 4575 75 75 SW 127 AVR 65-0315834 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing BI MIU Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes or has paid the current year Intangible りみりと Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FROME DUBCHARA PUBCHARA, KARINA 3040 S.W. 130 AVE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33175** 83 84 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. U-28 98 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition **PSD** 1.1 TITLE TITLE PUBCHARA, KARINA 1.2 NAME NAME 3040 S.W. 130 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33175 1.4 CITY-ST-ZIP CITY-ST-ZIP FRANK PUBCHARA (P.S. DELETE Addition 2.1 71716 TITLE NAME 2.2 NAME 3040 SW 130 AUR 2.3 STREET ADDRESS STREET ADDRESS MIN A 33105 2.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 1/16 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change noitibhA DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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

C/- 28 98

With an address.