

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V09906** (1)  
1. Corporation Name  
**JOHN'S PET SHOP, CORPORATION**



Principal Place of Business: **1618 ALTON RD MIAMI BEACH FL 33139**  
Mailing Address: **1618 ALTON RD MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **01/29/1992**  
3a. Date of Last Report: **06/27/1995**  
4. FET Number: **23-0939182**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **LUNA, JUAN 1618 ALTON RD MIAMI BEACH FL 33139**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>PO</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>LUNA, JUAN</b>		1.2 NAME	
3. STREET ADDRESS: <b>1618 ALTON RD</b>		1.3 STREET ADDRESS	
4. CITY - ST - ZIP: <b>MIAMI BEACH FL</b>		1.4 CITY - ST - ZIP	
5. TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: <b>LUNA, ALEJANDRINA</b>		2.2 NAME	
7. STREET ADDRESS: <b>1618 ALTON RD</b>		2.3 STREET ADDRESS	
8. CITY - ST - ZIP: <b>MIAMI BEACH FL</b>		2.4 CITY - ST - ZIP	
9. TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: <b>LUNA, MANUEL</b>		3.2 NAME	
11. STREET ADDRESS: <b>1618 ALTON RD</b>		3.3 STREET ADDRESS	
12. CITY - ST - ZIP: <b>MIAMI BEACH FL</b>		3.4 CITY - ST - ZIP	
13. TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		4.2 NAME	
15. STREET ADDRESS:		4.3 STREET ADDRESS	
16. CITY - ST - ZIP:		4.4 CITY - ST - ZIP	
17. TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		5.2 NAME	
19. STREET ADDRESS:		5.3 STREET ADDRESS	
20. CITY - ST - ZIP:		5.4 CITY - ST - ZIP	
21. TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:		6.2 NAME	
23. STREET ADDRESS:		6.3 STREET ADDRESS	
24. CITY - ST - ZIP:		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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)