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

PROFIT CORPORATION ANNUAL REPORT 1998

22

23

24

Zip

City & State



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

MIAMI PET SUPPLY DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address		
3601 N.W. 54TH \$TREET MIAMI FL 33142	3601 N.W. 54TH STREET MIAMI FL 33142		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

\$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CHEMIA, GENARDO 3601 N.W. 54TH ST. MIAMI FL 33142	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City FL 85 Zip Code		
	the above-named corporation submits this statement for the purpose of changing its registers		

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SIGNATURE	Signature typed or printed name of registered agent and t	ille it applicable. (NOT)	- Registered Agent signature regul	ired when reinstating) DATE	
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME	CHERTA, GERARDO		1.2 NAME		
STREET ADDRESS	3601 N.W. 54TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VO	☐ DELETE	2.1 1/TLE	☐ Change	Additio
NAME	CHERTA, LUCRECIA T.		2.2 NAME		
STREET ADDRESS	3601 N.W. 54TH ST.		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ CELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 an attachment with an address.

FILED

Apr 17 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

<u>08/10/1992</u> 4. FEI Number

65-0354412