SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000004019 (3)**

1. Corporation Name
M.A.H. STABLES, INC.

Principal Place of Business	Mailing Address
400 SW 107TH AVE [redacted] 308 SWEETWATER FL 33174 US	400 SW 107TH AVE [redacted] 308 SWEETWATER FL 33174 US

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc. 308
23 City & State SAME
24 Zip SAME 25 Country SAME

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc. 308
28 City & State SAME
29 Zip SAME 30 Country SAME

4. FEI Number: 65-0465524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ NO **$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
HUERTA, MANUEL A SR
[redacted]

10. Name and Address of New Registered Agent
81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 400 SW 107 AVE SUITE 308
83 CONTINENTAL BANK BUILDING
84 City SWEETWATER FL 85 Zip Code 33174

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HUERTA, MANUEL A SR [redacted] 400 SW 107TH Ave [redacted] SUITE 308 Sweetwater FLA	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TREASURER CARMEN HUERTA 400 SW 107 AVE SUITE 308 SWEETWATER FLA 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD HUERTA, MANUEL A JR [redacted] 400 SW 107TH Ave [redacted] SUITE 308 [redacted] Sweetwater FLA 33174	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT CARMEN M GENDRY 400 SW 107TH AVE SUITE 308 SWEETWATER FLA 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] PRESIDENT 7-01-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone [redacted] 553404

CR2E034 (3/96)