FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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: 100 NW 37th AVE Suite 502 MIAMI FLA 33125 USA

Mailing Address: SAME AS PRINCIPAL

2. Principal Place of Business
21 100 NW 37TH AVE
22 Suite, Apt. #, etc. SUITE #502
23 City MIAMI
24 Zip 33125
25 County USA

2a. Mailing Address
26 100 NW 37TH AVE
27 Suite, Apt. #, etc. SUITE 502
28 City MIAMI FLA
29 Zip 33125
30 County USA

3. Date Incorporated or Qualified: 11/18/1994

3a. Date of Last Report: 07/09/1996

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 ☐ — $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
100 NW 37TH AVE
SUITE #502
MIAMI FLA 33125

10. Name and Address of New Registered Agent
81 Name MANUEL A HUERTA SR
82 Street Address (P.O. Box Number is Not Acceptable) 100 NW 37TH AVE
83 SUITE #502
84 City MIAMI FL 85 Zip Code 33125

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	HUERTA, MANUEL A SR	
STREET ADDRESS	100 NW 37 AVE #502	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	SECRETARY	☐ DELETE
NAME	HUERTA, MANUEL A JR	
STREET ADDRESS	100 NW 37TH AVE #502	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CARMEN HUERTA	☐ Change ☒ Addition
3.2 NAME	TREASURER	
3.3 STREET ADDRESS	100 NW 37TH AVE SUITE #502	
3.4 CITY-ST-ZIP	MIAMI FLA 33125	
4.1 TITLE	CARMEN SOLMAN	☐ Change ☒ Addition
4.2 NAME	VICE PRESIDENT	
4.3 STREET ADDRESS	100 NW 37TH AVE SUITE #502	
4.4 CITY-ST-ZIP	MIAMI FLA 33125	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 on an attachment with an address.

SIGNATURE _____ 4-30-97 35 552 4041

CR2E034 (9/96)