

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **662909** (1)

1. Corporation Name
PINECREST STABLES, INC.

Principal Place of Business	Mailing Address
11752 NW HWY 464B 2601 S. BAYSHORE DRIVE OCALA FL 34482 US	11752 NW HWY 464B 2601 S. BAYSHORE DRIVE OCALA FL 34482 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/30/1980	3a. Date of Last Report 05/01/1994
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4. FBI Number 59-2039803	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has ability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent
FREEMAN, ROBERT A. P.A.
2601 S. BAYSHORE DR. #1425
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	Juan Pedro Rizo-Patron		
82 Street Address (P.O. Box Number is Not Acceptable)	11752 N.W. Highway 464B		
83			
84 City	Ocala	85 State	FL
		86 Zip Code	34482

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 **4/26/95**

12. OFFICERS AND DIRECTORS

TITLE	STV
NAME	FREEMAN, ROBERT A.
STREET ADDRESS	2601 S. BAYSHORE DR #1425
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	RIZO-PATRON, JUAN PEDRO
STREET ADDRESS	11752 NW ST RD 464
CITY - ST - ZIP	OCALA FL
TITLE	VP
NAME	AMARAZ, IGNACIO
STREET ADDRESS	11752 NW ST. RD. 464
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	11752 N.W. Highway 464B
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Amaral, Ignacio
33 STREET ADDRESS	11752 N.W. Highway 464B
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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:  **Juan Pedro Rizo-Patron** DATE **4/26/95** TELEPHONE **904-622-8854**