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Feb 17 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 # K79410 (2)

1. Corporation Name
HAPPY HORSE EQUINE SERVICES, INC.

Principal Place of Business

7370 NW. 36 STREET
#415 M
MIAMI FL 33166
US

Mailing Address

7370 N.W. 36 STREET
#415
MIAMI FL 33166-6740
US



3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0111289

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DELAHAZA, RENEE
HAPPY HORSE EQUINE SERVICES INC.
7370 N.W. 36 ST. #416 M
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PD			☐
	DELAHAZA, RENEE			☐
	7370 NW 36 ST #415M			☐
	MIAMI FL			☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
14				☐	☐	☐
21				☐	☐	☐
22				☐	☐	☐
23				☐	☐	☐
24				☐	☐	☐
31				☐	☐	☐
32				☐	☐	☐
33				☐	☐	☐
34				☐	☐	☐
41				☐	☐	☐
42				☐	☐	☐
43				☐	☐	☐
44				☐	☐	☐
51				☐	☐	☐
52				☐	☐	☐
53				☐	☐	☐
54				☐	☐	☐
61				☐	☐	☐
62				☐	☐	☐
63				☐	☐	☐
64				☐	☐	☐

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 that I am an authorized agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-97

305-597-7115

CR2E034 (9/96)