SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 15 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 # P94000059895 (0)

1. Corporation Name
LA ISLA STABLE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 197 LOWELL FL 32663	POST OFFICE BOX 197 LOWELL FL 32663

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 399 PARK Ave
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 27th Floor - Box 27C
City & State — 23:
City & State — 28: New York, N.Y.
Zip — 24: Country — 25:
Zip — 29: 10022 Country — 30: USA

4. FEI Number: 65-0520061 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TROW, CHESTER J
445 NE 8TH AVENUE
OCALA FL

10. Name and Address of New Registered Agent

81 Name: SALOMON WAINBERG
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd #1100
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: SALOMON WAINBERG — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 8-12-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VEALE, WILLIAM J	1.2 NAME	
STREET ADDRESS	153 EAST 61ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	SALOMON WAINBERG D.S. ☐ Change ☑ Addition
NAME		2.2 NAME	2121 Ponce de Leon Blvd #1100
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
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	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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: SIGNATURE REQUIRED — 8/12/97 — 305-442-2200