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Feb 14 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 # P96000071135 (3)

1. Corporation Name
A K STABLES, INC.

Principal Place of Business
13270 S.W. 57 AVENUE
MIAMI FL 33156

Mailing Address
13270 S.W. 57 AVENUE
MIAMI FL 33156-7222



3. Date Incorporated or Qualified 08/30/1996	3a. Date of Last Report
4. FEI Number 85-0710007	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	2a. Mailing Address
21 Suite Apt # etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERMAN, STEVEN
TWO DATRAN CENTER SUITE 1225
9130 SOUTH DADELAND BLVD
MIAMI FL 33156-7849

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	NOVAK, ANDREW J	12 NAME	
STREET ADDRESS	13270 S.W. 57 AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	14 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NOVAK, CATALIN S	22 NAME	
STREET ADDRESS	13270 S.W. 57 AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	24 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	NOVAK, MICHAEL H	32 NAME	
STREET ADDRESS	13270 S.W. 57 AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 305 663-1291
Date Daytime Phone #

CR2E034 (9/96)