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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000033461 (1) DOCUMENT #
1. Corporation Name

POLO AND EQUESTRIAN TURF MANAGEMENT, INC.

Principal Place of Business Mailing Address 4076 140 AVE SOUTH 4076 140 AVE SOUTH W PALM BEACH FL 33414 W PALM BEACH FL 33414

FILED May 19 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/27/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0578608 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes No 29 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MIRANDA, MARTHA 4076 140 AVE SOUTH Street Address (P.O. Box Number is Not Acceptable) W PALM BEACH FL 33414 83 84 City Zip Code 85 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 regulered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition TOLE GRACIDA, GUILLERMO 1.2 NAME NAME **CR2E034** 4076 140 AVE SOUTH STREET ADDRESS 1.3 STREET ADDRESS W PALM BEACH FL 33414 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY- \$1 - ZIP CITY-ST-ZIP DELETE. Change Addition TITLE 5.1 1ITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIF

14. Thereby 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 or an attachment with an address.

mo

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