


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 NOV 13 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>997000042290</b> 1. Corporation Name <b>EQUESTRIAN DESIGN ASSOCIATES, INC.</b>		

Principal Place of Business	Mailing Address
<b>2250 S.W. 3rd Avenue, Suite 206 Miami, FL 33129</b>	

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>5-13-97</b>	
4. FEI Number <b>65-0759808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>Corporation Service Company 1201 Hays Street Tallahassee, FL 32301</b>	

10. Name and Address of New Registered Agent	
81 Name <b>Porro, Hilda M.</b>	85 Zip Code <b>33414</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12769 W. Forest Hill Blvd., Ste. E</b>	
83	
84 City <b>Wellington</b>	

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 *Hilda M. Porro* DATE **11-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	Benach, Bienvenido	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2250 S.W. 3rd Avenue, St. 206	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
VD	Alvarez, Adrian	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2250 S.W. 3rd Avenue, St. 206	<b>300002690789--0</b>	
CITY-ST-ZIP	Miami, FL 33129	<b>-11/18/98--01071--019</b>	
TITLE	NAME	<b>*****150.00 *****150.00</b>	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			

14. I 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, 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE **11/9/98** (305) 858-8883

CR2E034 (5/98)

HILDA M. PORRO, P.A.

ATTORNEY AT LAW

12769 W. FOREST HILL BOULEVARD, SUITE E, WELLINGTON, FL 33414  
(561) 798-3994 • FAX (561) 795-0579

November 10, 1998

Florida Department of State  
Division of Corporations  
ATTN: Annual Reports Division  
409 East Gaines Street  
Tallahassee, FL - 32399

**RE: SOUTHEASTERN EQUINE INVESTMENTS, INC.  
ASSOCIATED KEY ARCHITECTS, INC.  
EQUESTRIAN DESIGN ASSOCIATES, INC.**

Dear Sir/Madam:

Enclosed please find the completed 1998 Annual Report Forms for the above-referenced corporations along with three checks in the sum of \$150.00 each, as filing fee for said corporations.

My client, Mr. Bienvenido Benach, has just recently learned that the Annual Reports for these corporations were never filed. He advises that he had moved within the last six months and had left a forwarding address with the post office for the corporations. However, he never received any notices, whatsoever.

My office telephoned you to advise of the situation on October 29, 1998. When the situation was explained I was advised to obtain blank Annual Reports, complete them with an attached letter of explanation, and send them in with the \$150.00 filing fee for each corporation. The Annual Reports have been completed with the new address and I have listed myself as the registered agent for all three corporations in order to avoid any future confusion.

Accordingly, on behalf of my client, Mr. Benach, we respectfully request that the above-referenced corporations be reinstated in light of the circumstances.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Hilda M. Porro

HMP/tsm

cc: Mr. Bienvenido Benach