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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000102212

1. Corporation Name
LONE STABLE OF FLORIDA, INC.

Principal Place of Business C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FL MIAMI FL 33131	Mailing Address C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FL MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1172 South Dixie Hwy Suite, Apt. #, etc. 22 Suite 115 City & State 23 Coral Gables, FL Zip 24 33146 Country 25 WA		2a. Mailing Address 26 5511 Riviera Dr. Suite, Apt. #, etc. 27 City & State 28 Coral Gables, FL Zip 29 33146 Country 30 WA		3. Date Incorporated or Qualified 12/07/1998	4. FEI Number 59-355 0295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND STREET 28TH FLOOR MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name Felix R. Fuertes 82 Street Address (P.O. Box Number is Not Acceptable) 5511 Riviera Drive 83 84 City Coral Gables FL 85 Zip Code 33146	
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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

3/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1172 So. Dixie Hwy, #115	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	Coral Gables, FL 33146	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	1172 So. Dixie Hwy, #115	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	Coral Gables, FL 33146	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99
Date

305-665-7716
Daytime Phone #

CR2E034 (11/98)