

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-31-95 200.00 B-678-C

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Merham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:55

DOCUMENT # G30441 (1)

1. Corporation Name
ONE-HUNDRED MILE STABLE, INC.

Principal Place of Business Mailing Address
% DAVID A RUSSELL 999 PONCE DE LEON SUITE 1000 CORAL GABLES FL 33134
% DAVID A RUSSELL 999 PONCE DE LEON SUITE 1000 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/25/1983
3a. Date of Last Report 01/31/1994

2. Principal Place of Business 2a. Mailing Address
21 367 Alhambra Cir Suite, Apt. #, etc. 26 367 Alhambra Circle
22 Coral Gables, FL City & State 27 Coral Gables FL
23 33134 USA Zip Country 28 33134 USA-
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-2548488
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

9. Name and Address of Current Registered Agent

DAVID A RUSSELL
999 PONCE DE LEON
SUITE 1000
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

B1 Name David A. Russell
B2 Street Address (P.O. Box Number is Not Acceptable) 367 Alhambra Cir
B3 Coral Gables, FL
B4 City FL B5 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 *[Signature]* DATE 1/19/95

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, DAVID A.	1.2 NAME	
STREET ADDRESS	999 PONCE DE LEON #1000	1.3 STREET ADDRESS	367 Alhambra Circle
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	33134-5003
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, SERETA	2.2 NAME	
STREET ADDRESS	999 PONCE DE LEON #1000	2.3 STREET ADDRESS	367 Alhambra Circle
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	33134-5003
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. I further certify that the information included in 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1/19/95 305-443-2111