FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 MAY 11 AM 8:34

DOCUMENT # **J26811** **(6)**

1. Corporation Name
PARADISO STABLES INC.

Principal Place of Business	Mailing Address
C/O KENNETH M. LANCASTER 50 W MASHTA #6 KEY BISCAYNE FL ~~33149-9431~~	C/O KENNETH M. LANCASTER 50 W MASHTA #6 KEY BISCAYNE FL ~~33149-9431~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1986
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33149-2431 Country 25	Zip 29: 33149-2131 Country 30

4. FEI Number: 59-2826876 ☐ 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	10. Name and Address of New Registered Agent
LANCASTER, KENNETH M. 50 W MASHTA ~~#6~~ 104 CRANDON BLVD KEY BISCAYNE FL 33149-~~9431~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 50 W. Mashta Drive 83: Suite 6 84 City: Key Biscayne FL 85 Zip Code: 33149-2131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1.1 TITLE	☒ Change ☐ Addition
NAME	BOTTA, BRUNO	1.2 NAME	
STREET ADDRESS	50 WEST MASHTA DRIVE, SUITE 6	1.3 STREET ADDRESS	Delete
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	BOTTA, FRIDA C. SUTER DE	2.2 NAME	
STREET ADDRESS	50 WEST MASHTA DRIVE, SUITE 6	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	
TITLE	~~DR~~	3.1 TITLE	DPT ☒ Change ☐ Addition
NAME	BOTTA, FRANCO	3.2 NAME	
STREET ADDRESS	50 WEST MASHTA, SUITE 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	FIGUERAA, LUIS	4.2 NAME	
STREET ADDRESS	1313 PONCE DE LEON BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 supplied with this filing is voluntarily furnished and 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 the 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: _____ President 5-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Franco Botta

0162243 CP