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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K47410** **(1)**

1. Corporation Name
ALBANIA HORSE RANCH, INC.
G & D Investments, Inc.

500001492695
-05/17/95--01185--018
****200.00 ****200.00

Principal Place of Business	Mailing Address
310 E. AMELIA ST. ORLANDO FL 32801 US	310 E. AMELIA ST. ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1988**
3a. Date of Last Report: **03/16/1994**

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

4. FEI Number: **65-0083388** ☐ 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

BETANCURTH, DOLORES
310 E. AMELIA ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Dolores Betancurth Dolores Betancurth President DATE 4-20-95
(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	D	11 TITLE	P	☑ Change ☐ Addition
NAME	BETANCURTH, DOLORES	12 NAME	DOLORES BETANCURTH	
STREET ADDRESS	3174 S.W. 23RD ST.	13 STREET ADDRESS	310 E. AMELIA ST	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	ORLANDO FL 32801	
TITLE		21 TITLE	VP	☐ Change ☑ Addition
NAME		22 NAME	GONZALO BETANCURTH	
STREET ADDRESS		23 STREET ADDRESS	310 E. AMELIA ST	
CITY ST ZIP		24 CITY ST ZIP	ORLANDO FL. 32801	
TITLE		31 TITLE	S	☐ Change ☑ Addition
NAME		32 NAME	LEONARDO BETANCURTH	
STREET ADDRESS		33 STREET ADDRESS	446 HIGHLAND AVE	
CITY ST ZIP		34 CITY ST ZIP	ORLANDO,FL 32801	
TITLE		41 TITLE	T	☐ Change ☑ Addition
NAME		42 NAME	BIBIANA BETANCURTH	
STREET ADDRESS		43 STREET ADDRESS	310 E. AMELIA ST	
CITY ST ZIP		44 CITY ST ZIP	ORLANDO FL, 32801	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	Jep	
STREET ADDRESS		63 STREET ADDRESS	5-1-95	
CITY ST ZIP		64 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 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.

SIGNATURE: Dolores Betancurth Dolores Betancurth 4-20-95 (407) 425 1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083388 CP