

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

APPROVED
AND
FILED

95 APR 18 PM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44945

(7)

1. Corporation Name

H.O. RACING STABLES, INC.

Principal Place of Business

1395 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131
US

Mailing Address

1395 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/14/1987

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2765195

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt., #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt., #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

VALDES-FAULI, RAUL J.
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

HECTOR ORLANSKY

82 Street Address (P.O. Box Number is Not Acceptable)

881 OCEAN DR

83

84 City

KEY BISCAYNE

FL

85 Zip Code

33149

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

Hector Orlandsky
Signature, typed or printed name of registered agent and (if applicable)

HECTOR ORLANSKY

(NOTE: Registered Agent Signature required when reappointing)

DATE

APRIL 14 1995

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ORLANSKY, HECTOR
881 OCEAN DR.
KEY BISCAYNE FL
D
ORLANSKY, EDUARDO
1101 BRICKELL AVE.
MIAMI FL
D
STANHAM, R. PETER
11300 SW 67TH AVENUE
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition
D
ORLANSKY EDUARDO
881 OCEAN DR.
KEY BISCAYNE - FLA 33149
☒ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hector Orlandsky
Signature and typed or printed name of signing officer or director

Director APRIL 14 305-358-5610

Date

Daytime Phone