

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95 -01046 -010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # MS1334
1. Corporation Name
HORSE COUNTRY ESTATES, INC.
Principal Place of Business
6700 S.W. 21 ST.
MIAMI, FL. 33155
Mailing Address
6700 S.W. 21 ST.
MIAMI, FL. 33155

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/87		3a. Date of Last Report 05/01/94	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.		4. FEI Number 59-2803914		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		6. 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			
JOSE M. INFANTE 6700 S.W. 21 ST. MIAMI, FL. 33155				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 registering)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		P		1.1 TITLE		☐ Change ☐ Addition	
NAME		JOSE M. INFANTE		1.2 NAME			
STREET ADDRESS		3225 BIRD AVE.		1.3 STREET ADDRESS			
CITY, ST, ZIP		MIAMI, FL. 33133		1.4 CITY, ST, ZIP			
TITLE				2.1 TITLE		☐ Change ☐ Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY, ST, ZIP				2.4 CITY, ST, ZIP			
TITLE				3.1 TITLE		☐ Change ☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY, ST, ZIP				3.4 CITY, ST, ZIP			
TITLE				4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY, ST, ZIP				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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *[Signature]* *[Signature]* *5/1/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR