

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:55

DOCUMENT # **N03460** (5)

1. Corporation Name

MIAMI-DADE DRESSAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15375 SW 256 ST  
HOMESTEAD FL 33032  
US

C/O CAYADO  
P O BOX 924235  
HOMESTEAD FL 33092  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/06/1984**

3a. Date of Last Report  
**03/21/1994**

4. FEI Number  
**59-2471241**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAYADO, LESLIE  
15375 SW 256 ST  
HOMESTEAD FL 33032

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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	
TITLE	T
NAME	CAYADO, LESLIE
STREET ADDRESS	15375 SW 256 ST
CITY - ST - ZIP	HOMESTEAD FL
TITLE	P
NAME	TAMAYO, JANA
STREET ADDRESS	12420 SW 87 PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	LEDGARD, JUAN
STREET ADDRESS	631 KENSINGTON PL
CITY - ST - ZIP	WILTON MANORS FL
TITLE	S
NAME	WOOD-COPA, KATHY
STREET ADDRESS	201 174 ST S2207
CITY - ST - ZIP	MIAMI BCH FL
TITLE	D
NAME	JAFFEE, EMILY
STREET ADDRESS	7199 SW 64 ST
CITY - ST - ZIP	MIAMI FL 33143
TITLE	D
NAME	AMAYA, CAROLYN
STREET ADDRESS	11 E SAN MARINO DR
CITY - ST - ZIP	MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Juan Ledgard
2.3 STREET ADDRESS	631 Kensington Place
2.4 CITY - ST - ZIP	Wilton Manors FL
3.1 TITLE	V-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Emily Jaffee
3.3 STREET ADDRESS	7199 SW 64 Str.
3.4 CITY - ST - ZIP	Miami FL 33143
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patricia Cayle
5.3 STREET ADDRESS	7850 SW 145 Str.
5.4 CITY - ST - ZIP	Miami FL 33158
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Karen Krieder
6.3 STREET ADDRESS	21825 SW 207 Avenue
6.4 CITY - ST - ZIP	Miami FL 33170

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Leslie G. Cayado*  
Treasurer  
Leslie G. Cayado

Treasurer

1/13/95

305  
247-0215  
Date Herein