

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 13 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001157 (7)**  
 1. Corporation Name  
**CUBAN-AMERICAN QUARTER HORSE & PLEASURE RIDING ASSOCIATION, INC.**

Principal Place of Business 9801 SW 9TH TERR. MIAMI FL 33174 US	Mailing Address P. O. BOX 831224 MIAMI FL 33283 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/02/1993</b>		3a. Date of Last Report <b>11/01/1996</b>	
4. FEI Number <b>65-0455080</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent <b>ABELLA, RUBEN 9801 SW 9TH TERRACE MIAMI FL 33174</b>				10. Name and Address of New Registered Agent			
				81 Name <b>N/A</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b>			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELLA, RUBEN	1.2 NAME	GLEN GARNER
STREET ADDRESS	9801 SW 9TH TERRACE	1.3 STREET ADDRESS	7212 S.W. 133 PL.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FLA. 33183
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOVEDA, TANIA	2.2 NAME	ARMANDO B. GONZALEZ
STREET ADDRESS	6800 S.W. 122ND AVE.	2.3 STREET ADDRESS	15240 S. BISCAYNE RD.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FLA. 33169
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRASCO, MIRIAM	3.2 NAME	MARIO E. HERNANDEZ
STREET ADDRESS	11213 S.W. 125TH CT.	3.3 STREET ADDRESS	12355 S.W. 64 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FLA. 33183
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEBLES, DIONISIO	4.2 NAME	GRACE RODRIGUEZ DE ABELLA
STREET ADDRESS	901 E. 27TH ST.	4.3 STREET ADDRESS	11327 S.W. 45 ST
CITY-ST-ZIP	HALEAH FL	4.4 CITY-ST-ZIP	MIAMI FLA 33174
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HERNENADEZ, JORGE J	5.2 NAME	
STREET ADDRESS	4950 SW 127 PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	TRIANA, HUMBERTO	6.2 NAME	
STREET ADDRESS	1345 SW 48 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: *8/13/97*

CR2E037 (4/97)