

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  
1997



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

DOCUMENT # N93000001157 (7)

1. Corporation Name

CUBAN-AMERICAN QUARTER HORSE & PLEASURE RIDING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9801 SW 9TH TERR.  
MIAMI FL 33174  
US

P. O. BOX 831224  
MIAMI FL 33283  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

3a. Date of Last Report

11/01/1996

4. FEI Number

65-0455080

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABELLA, RUBEN  
9801 SW 9TH TERRACE  
MIAMI FL 33174

81 Name

N/A

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

83

84 City

FL

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

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 ☐ DELETE  
NAME ABELLA, RUBEN  
STREET ADDRESS 9801 SW 9TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE  
NAME BOVEDA, TANIA  
STREET ADDRESS 6800 S.W. 122ND AVE.  
CITY-ST-ZIP MIAMI FL

TITLE S ☒ DELETE  
NAME CARRASCO, MIRIAM  
STREET ADDRESS 11213 S.W. 125TH CT.  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE  
NAME FEBLES, DIONISIO  
STREET ADDRESS 901 E. 27TH ST.  
CITY-ST-ZIP HIALEAH FL

TITLE TD ☐ DELETE  
NAME HERNENADEZ, JORGE J  
STREET ADDRESS 4950 SW 127 PLACE  
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ DELETE  
NAME TRIANA, HUMBERTO  
STREET ADDRESS 1345 SW 46 TERR  
CITY-ST-ZIP MIAMI FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME GLEN GARNER  
1.3 STREET ADDRESS 7212 S.W. 133 PL.  
1.4 CITY-ST-ZIP MIAMI FLA. 33183

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME ARMANDO B. GONZALEZ  
2.3 STREET ADDRESS 15240 S. BISCAYNE RD.  
2.4 CITY-ST-ZIP MIAMI FLA. 33169

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME MARIO E. HERNANDEZ  
3.3 STREET ADDRESS 12355 S.W. 64 ST  
3.4 CITY-ST-ZIP MIAMI FLA. 33183

4.1 TITLE S ☐ Change ☒ Addition  
4.2 NAME SECRETARY  
4.3 STREET ADDRESS GRACE RODRIGUEZ DE ABELLA  
4.4 CITY-ST-ZIP 11327 S.W. 45 ST  
MIAMI FLA 33174

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

SIGNATURE OF REGISTERED AGENT: RUBEN ABELLA 8/16/97 (35) 7757889

CR2E037 (4/97)