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FILED  
Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

Mailing Address

9601 SW 9TH TERR.  
MIAMI FL 33174  
US

P. O. BOX 831224  
MIAMI FL 33283  
US

3. Date Incorporated or Qualified

**03/02/1993**

4. FEI Number

**65-0455080**

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **9601 SW 9TH TERR.**

26 **P.O. BOX 831224**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI FLA**

28 **MIAMI FLA**

Zip

Zip

24 **33174**

29 **33283**

Country

Country

25 **MIAMI, FLA**

30 **MIAMI, FLA**

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABELLA, RUBEN  
9601 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

**1/16/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABELLA, RUBEN	
STREET ADDRESS	9601 SW 9TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARNER, GLEN	
STREET ADDRESS	7212 SW 133 PL	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ARMANDO B	
STREET ADDRESS	15240 S BISCAYNE RD	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICE-PRESIDENT</b>
3.3 STREET ADDRESS	<b>LUIS FERNANDEZ</b>
3.4 CITY-ST-ZIP	<b>14724 S.W. 153 CT</b>

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, MARIO E	
STREET ADDRESS	12355 SW 64 ST	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERNENADEZ, JORGE J	
STREET ADDRESS	4950 SW 127 PLACE	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DE ABELLA, GRACE RODRIGUE	
STREET ADDRESS	11327 SW 4TH ST	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

**REQUIRED**

**1/16/98**

**5544990**

CR2E037 (10/97)