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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 9601 SW 9TH TERR. MIAMI FL 33174 US	Mailing Address P. O. BOX 831224 MIAMI FL 33283 US
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3. Date Incorporated or Qualified 03/02/1993
4. FEI Number 65-0455080
Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 9601 SW 9TH TERR.	2a. Mailing Address 26 P.O. BOX 831224
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State MIAMI FLA	27 City & State MIAMI FLA
24 Zip 33174	25 Country MIAMI FLA
29 Zip 33283	30 Country MIAMI FLA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
ABELLA, RUBEN 9601 SW 9TH TERRACE MIAMI FL 33174	

10. Name and Address of New Registered Agent	
81 Name N/A	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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]* DATE **1/16/98**

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ABELLA, RUBEN
STREET ADDRESS	9601 SW 9TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARNER, GLEN
STREET ADDRESS	7212 SW 133 PL
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ARMANDO B
STREET ADDRESS	15240 S BISCAYNE RD
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HERNANDEZ, MARIO E
STREET ADDRESS	12355 SW 64 ST
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HERNENADEZ, JORGE J
STREET ADDRESS	4950 SW 127 PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DE ABELLA, GRACE RODRIGUE
STREET ADDRESS	11327 SW 4TH ST
CITY-ST-ZIP	MIAMI 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE-PRESIDENT
3.3 STREET ADDRESS	LUIS FERNANDEZ
3.4 CITY-ST-ZIP	14724 S.W. 133 CT MIAMI FLA 33196
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *[Signature]* **REQUIRED** DATE: **1/16/98** ID: **5544990**

CR2E037 (10/97)