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Feb 05 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 # N94000004408 (0)

1. Corporation Name
DADE RIDING CLUB, INC.



Principal Place of Business: 16480 NW 117TH AVENUE MIAMI FL 33016
Mailing Address: 16480 NW 117TH AVENUE MIAMI FL 33018-3003

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 65-0520794
Applied For: Not Applicable

21. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip Country

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

24. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLAZABAL, GASPAR V
16480 NW 117TH AVENUE
MIAMI FL 33016

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: OLAZABAL, GASPAR V
STREET ADDRESS: 16480 NW 117TH AVENUE
CITY-ST-ZIP: MIAMI FL 33016

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: VD
NAME: GOMEZ, JOSE
STREET ADDRESS: 7331 NW 179TH STREET
CITY-ST-ZIP: MIAMI FL 33015

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: SD
NAME: OLAZABAL, GASPAR
STREET ADDRESS: 16480 NW 117TH AVENUE
CITY-ST-ZIP: MIAMI FL 33016

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: TD
NAME: RODRIGUEZ, HERIBERTO
STREET ADDRESS: 1340 NW 192ND TERRACE
CITY-ST-ZIP: MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

6.1 TITLE
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: *Gaspar Olazabal* GASPAR OLAZABAL
1/12/1997 ✓ 305 827-1659

CR2E037 (9/96)