

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 DEC 31 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001943 (8)

1. Corporation Name

THE MIAMI-DADE HORSE COUNCIL, INC.



REINSTATEMENT 97

Principal Place of Business

Mailing Address

150 W. FLAGLER STREET  
SUITE 2200  
MIAMI FL 33130

150 W. FLAGLER STREET  
SUITE 2200  
MIAMI FL 33130-1536

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
04/25/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0588064

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIXON, SHARON O  
150 W. FLAGLER STREET  
SUITE 2200  
MIAMI FL 33130

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 D ☐ DELETE  
NAME CARD, BECKY  
STREET ADDRESS 28020 SW 192 AVE  
CITY-ST-ZIP HOMESTEAD FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME RUBEN ABELLA  
1.3 STREET ADDRESS 150 W FLAGLER ST # 2200  
1.4 CITY-ST-ZIP MIAMI, FL. 33130

TITLE D ☐ DELETE  
NAME SANTE, ANREA  
STREET ADDRESS 23950 SW 129 AVE  
CITY-ST-ZIP PRINCETON FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME MARIO HERNANDEZ  
2.3 STREET ADDRESS 150 W FLAGLER ST. #2200  
2.4 CITY-ST-ZIP MIAMI, FL. 33130

TITLE D ☐ DELETE  
NAME ALVAREZ, MANNY  
STREET ADDRESS 150 W. FLAGLER STREET, SUITE 2200  
CITY-ST-ZIP MIAMI FL 33130

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME 100002333101---6  
3.3 STREET ADDRESS -01/07/98--01094--003  
3.4 CITY-ST-ZIP \*\*\*\*\*236.25 \*\*\*\*\*236.25

TITLE D ☐ DELETE  
NAME GLASS, LAURA  
STREET ADDRESS 150 W. FLAGLER STREET, SUITE 2200  
CITY-ST-ZIP MIAMI FL 33130

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

TITLE D ☐ DELETE  
NAME FARINAS, MARIELENA  
STREET ADDRESS 150 W. FLAGLER STREET, SUITE 2200  
CITY-ST-ZIP MIAMI FL 33130

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

TITLE D ☐ DELETE  
NAME FARINAS, MANNY  
STREET ADDRESS 150 W. FLAGLER STREET, SUITE 2200  
CITY-ST-ZIP MIAMI FL 33130

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.

CR2E037 (9/96)