FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

2. Principal Place of Business

25

BARBARA KATZ C/O 7130 SW 117 AVE

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zπ

DOCUMENT # P93000046355 (2)

2a. Mailing Address

City & State

Suite, Apt. # etc.

26

28 Zip

29

HORSE'N AROUND, INC.

Principal Place of Business.

7130 SOUTHWEST 117TH AVENUE
MIAMI FL 33183
US

Mailing Address

7130 SOUTHWEST 117TH AVENUE
MIAMI FL 33183-2808
US

9. Name and Address of Current Registered Agent

appears in Block 12 or Block 13 if changed, or on an attachment with an address

FILED Mar 19 1997 8:00am Secretary of State



Yes No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8,75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

04/19/1996

3. Date Incorporated or Qualified

Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

06/25/1993

65-0426234

4. FEI Number

C/O 7130 SW 117 AVE MIAMI FL 33183			32 Street Address (P.O. Box Number is Not Acceptable)		
		83			
		64	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signator type for principlatar of region of agent and the Papelsable INOTE Register 12. OFFICERS AND DIRECTORS 13.			istered Agont signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11114	D DELET			Change Addition	
NAME	FLYNN, RITA	1.2 NAME			
SIRFLEATORESS	C/O 7130 SOUTHWEST 117TH AVENUE	1.3 STREE	ADORESS	ļ	
CITY ST 26	MIAMI FL	1.4 CITY	S1 - ZIP		
1-11-	D DELET	E 21 TITLE		Change Addition	
NAMI	KATZ, BARBARA	2.2 NAME			
STREET ACCORESS	C/O 7130 SOUTHWEST 117TH AVENUE	2 3 STREE	ADDRESS		
- 003 SU-20	MIAMI FL	2. 4 CITY -	S1-ZIP		
Talle	DILET	E 31 TITLE		Change Addition	
NAME		32 NAME			
STREET ADDRESS.		3.3 STREE	adidress		
City+St-7#		3.4. CITY-	ST - ZIP		
THE]	☐ DELET	E 4.1 TITLE		Change Addition	
NAM1		4 2 NAME			
STREET ADDRESS		4.3 STREE	I ADORESS		
City St Zin		4.4 CITY-	51 - ZIP		
THE	DELET	E 5.1 TITLE		Change Addition	
NAM		5.2 NAME		·	
STREET ADDRESS.		5.3 STREE	ADDRESS		
_CTY-\$1_70P		5 4 CHY-	ST - 71P		
11114	DETEL	E 61 TITLE		Change Addition	
NAME		6.2 NAME			
STHEEL A IDRESS		63 STREE	T ADDRESS		
C01Y - \$1 - 7IP	and Acad to the control of the first of the control	6.4 CITY-			
14. Let 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 607, Florida Statutes; and that my name					

Country

81 Name

30