FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071206 (5)

1. Corporation Name

CMG TRAINING STABLES, INC.

Principal Place of Business	Mailing Address
21001 NW 27TH AVENUE MIAMI FL 33056	~~1800 AUSTRALIAN AVENUE SOUTH~~ ~~SUITE 202~~ ~~WEST PALM BEACH FL 33409~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0438282	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 2500 Camelot Court
22 Suite, Apt. #, etc.	27 Unit 150
23 City & State	28 Cooper City, FL
24 Zip / 25 Country	29 Zip 33026 / 30 Country USA

9. Name and Address of Current Registered Agent

~~CLARK, W C~~
~~1800 AUSTRALIAN AVENUE SOUTH~~
~~SUITE 202~~
~~WEST PALM BEACH FL 33409~~

10. Name and Address of New Registered Agent

81 Name: C. M. Gambolati
82 Street Address (P.O. Box Number is Not Acceptable): 2500 Camelot Court, Unit 150
83
84 City: Cooper City, FL 85 Zip Code: 33026

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: C. M. Gambolati — 3/11/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TIERNEY, THOMAS F	1.2 NAME	
STREET ADDRESS	219 WEST CENTER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT 06040	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GAMBOLATI, CAMILLO	2.2 NAME	
STREET ADDRESS	2500 CAMELOT COURT, UNIT 150	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
~~TITLE~~	~~VTD~~	~~3.1 TITLE~~	☐ Change ☐ Addition
~~NAME~~	~~CLARK, W C~~	~~3.2 NAME~~	
~~STREET ADDRESS~~	~~1800 AUSTRALIAN AVE. S., #202~~	~~3.3 STREET ADDRESS~~	Delete/No Longer An Officer/Director
~~CITY-ST-ZIP~~	~~W. PALM BEACH FL 33409~~	~~3.4 CITY-ST-ZIP~~	
~~TITLE~~	~~S~~	~~4.1 TITLE~~	☐ Change ☐ Addition
~~NAME~~	~~GLIDDEN, ROXANNE~~	~~4.2 NAME~~	Delete/No Longer An Officer
~~STREET ADDRESS~~	~~C/O 1800 AUSTRALIAN AVE. S., #202~~	~~4.3 STREET ADDRESS~~	
~~CITY-ST-ZIP~~	~~W. PALM BEACH FL 33409~~	~~4.4 CITY-ST-ZIP~~	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.M. Gambolati 3/11/95 305/628-2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248340 CP