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 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004019 (3)

1. Corporation Name
M.A.H. STABLES, INC.

Principal Place of Business	Mailing Address
~~3850 S.W. 87TH AVENUE~~ ~~#103~~ ~~MIAMI FL 33165~~	~~3850 S.W. 87TH AVENUE~~ ~~#103~~ ~~MIAMI FL 33165~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0465524	☐ Applied For ☐ Not Applicable
21 400 SW 107th Ave	26 SAME		
Suite, Apt. #, etc: 22 404	Suite, Apt. #, etc: 27 SAME	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 Sweetwater	City & State: 28 SAME	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33174 Country: 25 DADE	Zip: 29 SAME Country: 30 SAME	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HUERTA, MANUEL A SR
~~3850 S.W. 87TH AVE.~~
~~#103~~
~~MIAMI FL 33165~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ✕ (Signature of New Registered Agent, if changed) (Name of New Registered Agent, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	HUERTA, MANUEL A SR	12 NAME	
STREET ADDRESS	3850 S.W. 87TH AVE. #103	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	
TITLE	SVD	21 TITLE	☐ Change ☐ Addition
NAME	HUERTA, MANUEL A JR	22 NAME	
STREET ADDRESS	3850 S.W. 87TH AVE. #103	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge and belief, the information contained in this 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 above, or on an attachment with an X in Block 13.

SIGNATURE: ✕ President 4-21-95 (305) 5534041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176600 CP