

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004019 (3)

1. Corporation Name

M.A.H. STABLES, INC.



Principal Place of Business

Mailing Address

400 SW 107TH AVE
SWEETWATER FL 33174
US 308

400 SW 107TH AVE
SWEETWATER FL 33174
US 308

3. Date Incorporated or Qualified
11/18/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0465524

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ No \$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

21. SAME

Suite, Apt. #, etc. 308

22. City & State

23. SAME

Zip

24. SAME

Country

25. SAME

2a. Mailing Address

26. SAME

Suite, Apt. #, etc. 308

27. City & State

28. SAME

Zip

29. SAME

Country

30. SAME

9. Name and Address of Current Registered Agent

HUERTA, MANUEL A SR

~~2401 SW 107TH AVE~~

~~FL 33174~~

~~308~~

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

85. Zip Code

3. SAME

400 SW 107TH AVE SUITE 308

CONTINENTAL BANK BUILDING

SWEETWATER FL

33174

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 (typed or printed name of registered agent and officer, if applicable)

(If not, Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD ☐ DELETE

HUERTA, MANUEL A SR

400 SW 107TH AVE
SUITE 308 SWEETWATER FLA 33174

SVD ☐ DELETE

HUERTA, MANUEL A JR

400 SW 107TH AVE
SUITE 308 SWEETWATER FLA 33174

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TREASURER

CARMEN HUERTA

400 SW 107TH AVE SUITE 308 SWEETWATER FLA 33174

VICE PRESIDENT

CARMEN HUERTA

400 SW 107TH AVE SUITE 308 SWEETWATER FLA 33174

☐ Change ☒ Addition

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 7-01-96

405-5534041

CR2E034 (3/96)