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FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 8TH AVE~~ 100 NW 37 AVE ~~#105~~ 502 ~~SWEETWATER FL 33174~~ MIAMI FLA USA 33125	SAME AS PRINCIPAL

2. Principal Place of Business	2a. Mailing Address
21 100 NW 37TH AVE	26 100 NW 37TH AVE
22 Suite, Apt. #, etc. SUITE #502	27 Suite, Apt. #, etc. SUITE 502
23 City MIAMI FLA	28 City MIAMI FLA
24 Zip 33125 25 County USA	29 Zip 33125 30 County USA

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 07/09/1996
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 ☐ **$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
HUERTA, MANUEL A SR ~~400 SE~~ 100 NW 37TH AVE ~~#105~~ SUITE #502 ~~MIAMI FL 33165~~ MIAMI, FLA 33125	81 Name MANUEL A HUERTA SR 82 Street Address (P.O. Box Number is Not Acceptable) 100 NW 37TH AVE 83 SUITE #502 84 City MIAMI FL 85 Zip 33125

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUERTA, MANUEL A SR		1.2 NAME		
STREET ADDRESS	~~100~~ 100 NW 37 Ave #502		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY-ST-ZIP		
TITLE	~~SEC~~ SECTREASY	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	HUERTA, MANUEL A JR		2.2 NAME		
STREET ADDRESS	~~100~~ 100 NW 37th Ave #502		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME			3.2 NAME	CARMEN HUERTA	
STREET ADDRESS			3.3 STREET ADDRESS	100 NW 37th Ave Suite #502	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI FLA 33125	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME			4.2 NAME	CARMEN SAME AS	
STREET ADDRESS			4.3 STREET ADDRESS	VICE PRES SEC TREAS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	100 NW 37TH AVE SUITE #502	
TITLE		☐ DELETE	5.1 TITLE	MIAMI FLA 33125	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 4-30-97 305-553-4044