

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

100 NW 37TH AVE  
SUITE 502  
MIAMI FL 33125  
US

Mailing Address

100 NW 37TH AVE  
SUITE 502  
SWEETWATER FL 33125  
US MIAMI FLA 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes ☒ No ☐

2. Principal Place of Business

21 HORSE RACING 100 NW 37th Ave

Suite, Apt. #, etc.

22 #502

City & State

23 MIAMI FLA

Zip

24 33125

Country

25 FLA

2a. Mailing Address

26 100 NW 37th Ave

Suite, Apt. #, etc.

27 #502

City & State

28 MIAMI FLA

Zip

29 33125

Country

30 FLA

9. Name and Address of Current Registered Agent

HUERTA, MANUEL A SR  
100 NW 37TH AVE  
SUITE 502  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name SAME NO CHANGE

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD  
STREET ADDRESS HUERTA, MANUEL A SR  
CITY-ST-ZIP 100 NW 37TH AVE, SUITE 502  
MIAMI FL 33125

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS HUERTA, MANUEL A JR  
CITY-ST-ZIP 100 NW 37TH AVE, SUITE 502  
MIAMI FL 33125

TITLE ☐ DELETE

NAME T  
STREET ADDRESS HUERTA, CARMEN  
CITY-ST-ZIP 100 NW 37TH AVE, SUITE 502  
MIAMI FL 33125

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS SENDON, CARMEN  
CITY-ST-ZIP 100 NW 37TH AVE, SUITE 502  
MIAMI FL 33125

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

305 6429800

CR2E034 (10/97)