

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90027 008 ***150.00

DOCUMENT # P94000004019

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

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 HORSES-PLACING *colling*
Suite, Apt. #, etc. *colling*
22 C-208

City & State
23 Miami, FLA
Zip 33188 Country USA

24 33188 25 USA

9. Name and Address of Current Registered Agent

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

26 8800 NW 117 Ave

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

10. Name and Address of New Registered Agent

81 Name *Same*

82 Street Address (P.O. Box Number is Not Acceptable)
8800 SW 117th Ave

83 Suite, Apt. #, etc.
Suite C 208

84 City *Miami* FL 85 Zip Code *33188*

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

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

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

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

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 *Same* ☒ Change ☐ Addition
1.2 NAME *8800 SW 117th Ave Suite C 208*
1.3 STREET ADDRESS *MIAMI FLA 33188*
1.4 CITY-ST-ZIP

2.1 TITLE *Same* ☒ Change ☐ Addition
2.2 NAME *8800 SW 117th Ave Suite C 208*
2.3 STREET ADDRESS *MIAMI FLA 33188*
2.4 CITY-ST-ZIP

3.1 TITLE *Same* ☒ Change ☐ Addition
3.2 NAME *8800 SW 117th Ave Suite C 208*
3.3 STREET ADDRESS *MIAMI FLA 33188*
3.4 CITY-ST-ZIP

4.1 TITLE *Same* ☒ Change ☐ Addition
4.2 NAME *8800 SW 117th Ave Suite C 208*
4.3 STREET ADDRESS *MIAMI FLA 33188*
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, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0179466

4-27-99 305 596 09 05