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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000014959 (8) **DOCUMENT #** 1. Corporation Name

HORSE ATTENDANT SERVICE. INC.

Mailing Address Principal Place of Business 12332 S.W. 18TH TERRACE 12332 S.W. 18TH TERRACE MIAMI FL 33175 -MIAMI FL 33175 -3a. Date of Last Report 3. Date incorporated or Qualified 06/28/1995 02/23/1994 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0472828 26 21 \$8.75 Additional Suite Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zψ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 ALBACETE, NELSON 12332 S.W. 18TH TERRACE 83 MIAMI FL 33175 -Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes DAIE SIGNATURE Signature, Typest or printed name, of regulatered against and time it applies ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1-1-THLE TITLE 1.2 NAME ALBACETE, NELSON NAME 1.3 STREET ADDRESS 12332 S.W. 18TH TERRACE STREET ADDRESS 1.4 CHTY - \$1 - ZIP MIAMI FL 33175 CITY-ST-ZIP Addition Change DELETE 2 1 TH LE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City-St ZIF CITY - ST - ZIP ☐ Change □ Addition DELE 16 3 1 THLE THILE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE THILE 4.2 NAME NAME 4.3 STHEE! ADDRESS STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP Addition ☐ Change DELETE 5 1 1111.5 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Ido 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 certify that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name CITY - ST - 7IE appears in Block 12 or Block

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - 7IP

6 1 DH F

CITY - ST - ZIP

STREET ADDRESS

TITLE NAME

NING OFFICER OR DIRECTOR

DELETE

02-27-96 Dayson Prairie 8

□ Addition

CR2E034 (12/95)