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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000032322**

1. Corporation Name

ADVENT STABLE, INC.

	,									
Principal Place of Business		Mailing Address						ITAN ITANA ENSE	11010 1404 1061	
444 BRICKELL AVENUE STE 609		C/O VALERIE K. H. BARKER 444 BRICKELL AVENUE. STE. 609			- DO NOT WRITE	E IN THIS S	SPACE			
MIAMI FL 33131 US		Miami FL 33131 US			3. Date Incorporated or Qualifed					
03		00				04/28/1994				
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	plied For	
21		26				59-3238867		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					П		Additional	
22 Suite 218		27 Suite 218				5. Certificate of Status Desired		Fee Re	equired	-
City & Stat		City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip 24	Country Zip 25 29 3			untry		8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Curr	ent Registered Agent		Ĺ.,		10. Name and Address of New Re	gistered A	gent		
				81	Name					
Barker, Valerie K P.A. 444 Brickell. Avenue					Street Addr	ddress (P.O. Box Number is Not Acceptable)				
Suit	E 609 213			83				-		
MAIM	MI FL 33131			84	City			85 Zip	Code	
					_		FL			
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	tutes, the a	bove	-named corp	poration submits this statement for the pon's board of directors. I hereby accept	urpose of o	hanging its	registered	
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, I	s aumorize Florida Stat	tutes.	ине согрогаци	on's board of directors. Thereby accept	ine appoin	anont as re	gistored	
_										
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered a		OTE: Registere	d Agent		d when reinstating)	DATE		DE IN 12	6
12.	OFFICERS A	AND DIRECTORS	OTE: Registere	d Agent		ad when reinstating) ADDITIONS/CHANGES TO OFF				(00,77
12. TITLE	OFFICERS A		OTE: Registered	d Ageni				DIRECTO	DRS IN 12	.000
12. TITLE NAME	OFFICERS A D MURANO, EDWARD C	AND DIRECTORS	OTE: Registere 13. 1.1 T	d Agend ITLE	it signature require					100,111,000
12. TITLE NAME STREET ADDRESS	OFFICERS A D MURANO, EDWARD C 99 HIGHLAND ST.	AND DIRECTORS	OTE: Registered 13. 1.1 T 1.2 N 1.3 S	d Agend ITLE IAME	at signature require					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D MURANO, EDWARD C	AND DIRECTORS	OTE: Registere: 13. 1.1 † 1.2 N 1.3 S	d Agend ITLE IAME TREET	at signature require					100101010
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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.