FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000031772 (3)**

1. Corporation Name

SPRING STUD FARM, INC.

Principal Place of Business

801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

Mailing Address

801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified: 04/19/1995

3a. Date of Last Report:

4. FL Number: 65-0583436 — 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

2. Principal Place of Business

21 3181 CORAL WAY
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip 24 33145 Country 25

2a. Mailing Address

26 3181 CORAL WAY
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip 29 33145 Country 30

9. Name and Address of Current Registered Agent

SKOLA, THOMAS J
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SKOLA, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive
83 Suite 100
84 City: Miami FL 85 Zip Code: 33126

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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. The 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: Thomas Skola 1/23/96

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☐ Change ☒ Addition
12 NAME	LIMA, WALDYR	
13 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
14 CITY-ST-ZIP	Miami, Florida 33126	
21 TITLE	VP	☐ Change ☒ Addition
22 NAME	LIMA FILHO, WALDYR	
23 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
24 CITY-ST-ZIP	Miami, Florida 33126	
31 TITLE	VP	☐ Change ☒ Addition
32 NAME	LIMA, RICARDO CESAR	
33 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
34 CITY-ST-ZIP	Miami, Florida 33126	
41 TITLE	S	☐ Change ☒ Addition
42 NAME	SKOLA, THOMAS J.	
43 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
44 CITY-ST-ZIP	Miami, Florida 33126	
51 TITLE	T	☐ Change ☒ Addition
52 NAME	LIMA FILHO, RAUL	
53 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
54 CITY-ST-ZIP	Miami, Florida 33126	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, to the best of my knowledge and belief, is true and correct. I further certify that the information indicated on this report or supplemental annual report not to be in compliance with Section 119.07(5)(a), Florida Statutes. I further certify that I am an officer or director of this 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 is entered in Block 14 if a new officer or director.

SIGNATURE: Ricardo Cesar Lima 2-29-96 305-5298563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO CESAR LIMA

CR2E034 (12/95)