

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 SEP -4 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031772 (3)

1. Corporation Name  
SPRING STUD FARM, INC.

Principal Place of Business

3181 CORAL WAY  
14TH FLOOR Suite 600  
MIAMI FL 33145  
US

Mailing Address

3181 CORAL WAY  
14TH FLOOR suite 600  
MIAMI FL 33145  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/19/1995  
3a. Date of Last Report 04/02/1996

2. Principal Place of Business  
21 3181 CORAL WAY  
Suite, Apt. #, etc.  
22 600  
City & State  
23 MIAMI, FL  
Zip  
24 33145 Country  
25 USA  
2a. Mailing Address  
26 3181 CORAL WAY  
Suite, Apt. #, etc.  
27 600  
City & State  
28 MIAMI, FL  
Zip  
29 33145 Country  
30 USA

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

9. Name and Address of Current Registered Agent

SKOLA, THOMAS J  
801 BRICKELL AVE Suite 100  
14TH FLOOR  
MIAMI FL 33131 33126

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WALDYR, LIMA	5201 BLUE LAGOON DR, SUITE 100	MIAMI FL	<input type="checkbox"/>
VP	WALDYR, LIMA FILHO	5201 BLUE LAGOON DR, SUITE 100	MIAMI FL	<input type="checkbox"/>
VP	CESAR, LIMA RICARDO	5201 BLUE LAGOON DR, SUITE 100	MIAMI FL	<input type="checkbox"/>
S	SKOLA, THOMAS J	5201 BLUE LAGOON DR, SUITE 100	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 FEI NUMBER	1.6 DATE	1.7 FEE	1.8 CHANGE	1.9 ADDITION
P	WALDYR, LIMA		MIAMI, FL 33126				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.5 FEI NUMBER	2.6 DATE	2.7 FEE	2.8 CHANGE	2.9 ADDITION
							<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.5 FEI NUMBER	3.6 DATE	3.7 FEE	3.8 CHANGE	3.9 ADDITION
							<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.5 FEI NUMBER	4.6 DATE	4.7 FEE	4.8 CHANGE	4.9 ADDITION
							<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.5 FEI NUMBER	5.6 DATE	5.7 FEE	5.8 CHANGE	5.9 ADDITION
							<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.5 FEI NUMBER	6.6 DATE	6.7 FEE	6.8 CHANGE	6.9 ADDITION
							<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

CP2E034 (4/97)

August 29, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Dear Secretary of State:

We have not received the first notice of the Profit Corporation Annual Report. We believe the reason being that the address had not been corrected, although I had sent a letter last year informing of the correct address.

I called the department (850-488-9000) and was informed to send the payment without penalty and a letter of explanation.

I hope this letter satisfies your requirements.

Sincerely,

  
Carolina Pinho