FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sarıdra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORAT	IOI	NS				
1. Corporation	i i varie	000053899 (7	')						
D.L. P.	aso fino Horses, in	C.				I INCHANT HE INCO MUNT AND AND		18 8 116 Ba 11	
Principal Place	o of Business	ha.y A li							
Principal Place of Business Mailing Address								** ****	116 16118 1811 1891
2522 SW 27 OCALA FL 3		2522 SW 27TH AVENU OCALA FL 34474							
						3. Date Incorporated or Qualified 07/10/1995	3a. Date	of Last	Report
	ace of Business	2a. Mailing Address	······································			4. FELNumber			Applied For
21		26				46-0427778			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State			~	6. Election Campaign Financing			00 May Be
Zip	Country	Zip	Countr	·		Trust Fund Contribution 8. This corporation has liability for in			ed to Fees
24	25	29	30	,		Florida Statutes Yes		c under s	3 199.032,
	9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New R	_	gent	
			81	1	Name				
	ON, VIVIEN L		82	2	Street Addres	ss (P.O. Box Number is Not Acceptable	.e)		
2522 SW 27TH AVE . OCALA FL 34474			83	1					
OUALA	FL 34474		0.5	'					
•			84	1	City			85 Z	ip Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607,1508, Florida Statute	es the above	L. na	med coronal	tion submits this statement for the purp	FL		
or registen familiar wit	ed agent, or both, in the State of the agent, or both, in the State of the obligations of the state of the st	Florida, Such change was authorize Section 607 0505, Florida Statutos	ed by the cor	por	ration's board	tion submits this statement for the purp f of directors. I hereby accept the appo	intment as	egistere	d agent. Lam
SIGNATURE	and assept the congations of	Scotton Cor. Soco, Florida Statoles							
	Signature, typed or printed name of registered		TE: Flegistered Age	ent s	signature required v	when reinstating)	DATE		
12. TITLE	OFFICERS D	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	DERS AND	DIREC10	ORS IN 12
NAME	ORTIZ, DAVID L	DETEIE	1. 1 TIPLE) Change	Addition
STREET ADDRESS	CALLE 21 E-7 ALTOS FO	REST HILLS	1.2 NAME						
DITY-ST-ZIP	BAYAMON PR	THEOT THEE	1.3 STREE						
TITLE		DELETE	1.4 CITY - 2 1 TITLE		<u> </u>			Change	- Addition
NAME			2 2 NAME				L) Griange	☐ Addition
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NAME			3 2 NAME						
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NAME			4. 1 TITLE) Change	☐ Addition
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CITY-ST-ZIP			4.3 STREET 4.4 CITY-5						
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NAME		_	52 NAME						Addition
STREET ADDRESS			5.3 STREET	T A D	DDRESS	20000185 -06/07/960100 	465	120	
CITY-ST-ZIP			5.4 C/TY - S	ST-Z	ZIP	~U0/U//96~~[]][][კსU1.	2	
THTLE		DELETE	6 1 Title			TOTAL COLUMN		Change	Addition 1
NAME			6.2 NAME					(_/	> 1-44
STREET ADDRESS			6.3 STREET		[ン	1
CiTY-ST-ZiP	certify that the information cured	industry this files is ushed at a	6.4 CITY - 5	<u> </u>	ZIP				\ F

I do 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 Statisties. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statisties; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PUNITED NAMEON SIGNING OFFICER OR DIRECTOR

David Lopez 4 38 96

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