

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079136
1. Corporation Name

Jumpy Stables, Inc.

Principal Place of Business Mailing Address

3701 Columbus Way
Cooper City, FL 33026

2. Principal Place of Business	2a. Mailing Address
21 3701 Columbus Way	26 Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Cooper City, FL.	27
City & State	City & State
23	28
Zip	Country
24 33026	25 USA
29	30

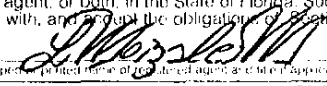
3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number	Applied For
65-0650453	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Luis A. Mozales
82 Street Address (P.O. Box Number is Not Acceptable)	3701 Columbus Way
83	
84 City	Cooper City
85 Zip Code	FL 33026

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE 8/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
			Director
		1.3 STREET ADDRESS	Luis A. Mozales
		1.4 CITY - ST - ZIP	3701 Columbus Way
			Cooper City, FL 33026
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 or in an attachment with an address.

SIGNATURE:  DIRECTOR DATE 8/1/97 (954) 430-4080