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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000094398 (1)

	Mailing Address	
6328 SW 21 STREET MIRAMAR FL 33023	6328 SW 21 STREET MIRAMAR FL 33023	

FILED Feb 03 1998 8:00am Secretary of State

LAURA POSASA RACING STABLES, INC.											
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1	•	e of Busines	s	Mailing Address							
6328 SW 21 STREET 6328 SW 21 STREET MIRAMAR FL 33023 MIRAMAR FL 33023											
Millionia i F 400E0									DO NOT WRITE IN TH	IS SPACE	
									3. Date Incorporated or Qualified		
<u></u> _				···					12/11/1995		
-	Principal P	Place of Busin	ness	2a. Mailing Address	<u>}</u> -1				4. FEI Number	-	oplied For
21	Suite, Apt.	# alc		Suite Ant # etc	Suite, Apt. #, etc.				65-0635074		lot Applicable
22	ouno, ripi	n, 010.		h	27				5. Certificate of Status Desired		Additional Required
	City & Stat	е		City & State					6. Election Campaign Financing		May Be
23				28	28				Trust Fund Contribution		to Fees
	Zip		Country	Zip	\vdash	untry	,		8. This corporation owes or has paid the		
24			25	29 Current Registered Agent	30	1 -			Personal Property Tax due June 30. 10. Name and Address of New Registere		□ No
	DC			ditant Hagistered Agent		81	Name		10. Name and Address of New Registers	a Agent	
i		OSADA, LAI				Ľ					
6328 SW 21 STREET MIRAMAR FL 33023						82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
MRPMAN FL 33023						83					
						_	0			11 -	
						84	City		F	L 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t							e-named	corpo	ration submits this statement for the purpose	of changing	its registered
office or registered agent, or both, in the State of Florida Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St								рогано	n's board of directors. I hereby accept the a	ppomment a	s registerea
SIGNATURE											
12		Signature, typed		red agont and title if applicable (files AND DIRECTORS	NOTE: Rogistere	d Age	nt signatur	e required	when reinstating) DATE ADDITIONS/CLIANCES TO OFFICE BY		DC IN 40
12.	;	D	OFFICEN	DELETE	1.1 T	TLF		Ţ	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAM		POSAD	A, LAURA		1.2 N						radinon
l	ET ADORESS		N 21 STREET	1.3.5		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY	-ST-ZIP	MIRAMA	NR FL 33023								
TITLE		D	_	☐ DELETE	21 Ti	TLE				☐ Change	Addition
NAM	E [A, ROBERT		2.2 N.	AME					
STRE	ET ADDRESS		N 21 STREET		2.3 \$	IREET	address				
	-ST-ZIP	MIKAMA	NR FL 33023	Doctor			ST-ZIP		<u> </u>		F-7 A ((1))
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NAMI	- I				3.2 N		ADDRESS				
	ET ADDRESS -St-zip						ADDRESS		·		
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	ET ADDRESS						ADDRESS				
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NAMI	E				5.2 N/	ME					
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TITLE				☐ DELET e	6.1 TI					Change	☐ Addition
NAME	- 1				6.2 N/		4 DDDCcc				
	ET ADDRESS				6.4 CI		ADDRESS				
	ST-ZIP	ortific that the	information or mal	and the ship state of the same of the				l adda Ca	ection 110 07/3Vi) Florida Statutos I further		, ,

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 supplieriental 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.

954-963-0363