

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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003703 (1)

1. Corporation Name

HACIENDA MODELO & PASO FINO HORSES, INC.

Principal Place of Business

26205 S.W. 197TH AVE.
HOMESTEAD FL 33031

Mailing Address

26205 S.W. 197TH AVE.
HOMESTEAD FL 33031-1644



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number TAX. ID # 65-0667505		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	LAMAS, RICARDO	1.2 NAME	Roberto Rodriguez
STREET ADDRESS	26205 S.W. 197TH AVE.	1.3 STREET ADDRESS	26205 S.W. 197th Ave
CITY-ST-ZIP	HOMESTEAD FL 33031	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE		2.1 TITLE	V
NAME		2.2 NAME	ONDINA RODRIGUEZ
STREET ADDRESS		2.3 STREET ADDRESS	26205 SW 197 AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Homestead FL 33031
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	800002086918
STREET ADDRESS		4.3 STREET ADDRESS	-02/13/97--01044--030
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***165.00
TITLE		5.1 TITLE	
NAME		5.2 NAME	800002086918
STREET ADDRESS		5.3 STREET ADDRESS	-02/12/97--01085--023
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	800002086918
STREET ADDRESS		6.3 STREET ADDRESS	-02/13/97--01044--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***8.75

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 a attachment with an address.

CR2E034 (9/96)