

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000094153 (9)

1. Corporation Name  
PLANET HORSE INC.

Principal Place of Business  
9801 COLLINS AVE., APT. #10-K  
MIAMI BEACH FL 33154

Mailing Address  
9801 COLLINS AVE., APT. #10-K  
MIAMI BEACH FL 33154-1829

FILED  
Mar 19 1997 8:00am  
Secretary of State



2. Principal Place of Business		2b. Mailing Address		3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report	
21	324 S. UNIVERSITY DR.	26	324 S. UNIVERSITY DR.	4. FEI Number 65-0712985		Applied For Not Applicable	
Suite, Apt. #, etc. 22 SUITE 324		Suite, Apt. #, etc. 27 SUITE 324		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 PLANTATION, FL		City & State 28 PLANTATION FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33324		Country 25 U.S.A.		Zip 29 33324		Country 30 U.S.A.	
9. Name and Address of Current Registered Agent CRUZ, ALEJANDRINA G 780 NW LE JEUNE RD., STE. 427 MIAMI FL 33126				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JIMENEZ, RAUL			1.2 NAME			
STREET ADDRESS	9801 COLLINS AVE., APT. #10-K			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33154			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JIMENEZ, PRISCILA S			2.2 NAME			
STREET ADDRESS	9801 COLLINS AVE., APT. #10-K			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33154			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVA, SANTIAGO M			3.2 NAME			
STREET ADDRESS	9801 COLLINS AVE., APT. #10-K			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33154			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUGGERI, GIOVANNI			4.2 NAME			
STREET ADDRESS	9801 COLLINS AVE., APT. #10-K			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33154			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed, or on an attachment with an address.

SIGNATURE:

JIMENEZ, RAUL

CR2E034 (9/96)