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

(5)

DOCUMENT # V13275

CABALLO, INC.

FILED

May 01 1997 8:00am

Secretary of State

Principal Place o	of Business	Maili	Mailing Address					1 3801) Direct Indea Hills Hand Herb Brit Bibit Bibit Bibit Bibit Bibit Bibit Bibit Bibit Abbi			
3612 BAYSHORE D	DRIVE	3612	3612 BAYSHORE DRIVE								
NAPLES FL 33962		NAPLI	NAPLES FL 34112-6314								
								Date Incorporated or Qualified 02/06/1992		te of Last F 6/1996	Report
2. Principal Piac	e of Business	2a. N	2a. Mailing Address					4. FEI Number	· · · ·	À	oplied For
21		26						65-0326201 Not Applicable			
Suite, Apt. #, i	etc	S	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22		27							<u> </u>	Fee R	equired
City & State		<u> </u>	City & State					6. Election Campaign Financing \$5.00 May Be			
23 Z(p	Country	28	Zip Cou							Added to Fees	
24	25	29	30			'		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
[24]	9. Name and Address of Curr		registered Agent				10. Name and Address of New Registered Agent				
**	RA, NICHOLAS R.			***************************************	81	Nar	me	70, 111110 0110 11010 01 11010 1103	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Anii	
	REEN BLVD		•				-				
	S FL 33999				82	Stre	et Addres	ss (P.O. Box Number is Not Acceptable	e)		
100000	7 1 1 00000				83		 			• • • •	
						<u> </u>					
					84	City	1		FL	85 Zip	Code
11. Pursuani to t	the provisions of Sections 607 05	02 and 607	.1508. Florida Statu	ites, the a	LI	e-nam	ned cornor	ration submits this statement for the pi	roope of	channing in	le registered
office or regi	stered agent, or both, in the Sta	te of Florida	Such change was	authorize	ed by	the c	corporation	n's board of directors. I hereby accep	the appo	intment as	registered
ļ	алина мин, апо ассерт те общ	gations of, a	section buridada, r	ionda Sia	atutes	5.					
SIGNATURE Sign	nal in: typed or printed name of registered a	gent and title I a	inpicable. (NC	TE: Register	ed Age	ent slone	ature required	when reinstating)	DATE		
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	AS IN 12
1HTLE P	The second secon		DELETE	1.1 1	TITLE					Change	Addition
	errera, nicholas r			1.2 }	NAME		ŀ				
	211 GREEN BLVD.			1.3 9	STREET	ADDRES	ss				
CHY-ST-ZIF N	APLES FL			1.4 (CITY-S	T-ZIP					
TITLE			☐ DELETE 2:			2.1 TITLE				Change	Addition
NAME				2.21	NAME						
STREET ADDRESS	•			2.3 5	STREET	ADDRES	ss				
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NAME				3.2 N	NAME						
STIEL LACORESS				3.3 9	STREET	ADDRES	S\$				
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161f			DELETE	. 5.1 T					ı	Change	Addition
NAME				1	NAME						
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NAME					IAME						
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CITY-S1-ZIP				6.4 0	CITY-SI	1-212					į

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: