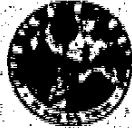


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000022737 (8)**

1. Corporation Name  
**RIDE AND DREAM, INC.**

Principal Place of Business Mailing Address  
**416-418 NORTH FEDERAL HWY (U.S. 1)  
FT. LAUDERDALE FL 33301** **416-418 NORTH FEDERAL HWY (U.S. 1)  
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/24/1994** 3a. Date of Last Report

4. FEI Number **59-3233113** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27  
City & State City & State

23 28  
Zip Country Zip Country

24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

7. This corporation has liability for intangible tax under S. 169.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTI, CRISTOPH A  
416-418 NORTH FEDERAL HWY (US 1)  
FT. LAUDERDALE FL 33301**

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 the fee applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **MATTI, CHRISTOPH A**  
STREET ADDRESS **10600 BLOOMFIELD DR., #1516**  
CITY - ST - ZIP **ORLANDO FL 32825**

TITLE **D**  
NAME **FERNANDEZ, SILVIA**  
STREET ADDRESS **10600 BLOOMFIELD DR., #1516**  
CITY - ST - ZIP **ORLANDO FL 32825**

TITLE **D**  
NAME **MATTI, KENETH**  
STREET ADDRESS **17 AVE. 2ND REINE**  
CITY - ST - ZIP **1180 BXL BELGIUM**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE  Change  Addition

1. 2 NAME

1. 3 STREET ADDRESS

1. 4 CITY - ST - ZIP

2. 1 TITLE  Change  Addition

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY - ST - ZIP

3. 1 TITLE  Change  Addition

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY - ST - ZIP

4. 1 TITLE  Change  Addition

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY - ST - ZIP

5. 1 TITLE  Change  Addition

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY - ST - ZIP

6. 1 TITLE  Change  Addition

6. 2 NAME

6. 3 STREET ADDRESS

6. 4 CITY - ST - ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **CHRISTOPH A. MATTI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/95 (205)524-4222**  
DATE (Type in 11 digits)