

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000022737 (8)**

1. Corporation Name

**RIDE AND DREAM, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/24/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3233113</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	30	Country
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
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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
D	MATTI, CHRISTOPH A	D/P	MATTI, CHRISTOPH A
10600 BLOOMFIELD DR., #1516	10600 BLOOMFIELD DR., #1516	2910 NE 15TH TERR	2910 NE 15TH TERR
ORLANDO FL 32825	ORLANDO FL 32825	OAKLAND PK, FL 33334	OAKLAND PK, FL 33334
D	FERNANDEZ, SILVIA	D/VLT	FERNANDEZ, SILVIA
10600 BLOOMFIELD DR., #1516	10600 BLOOMFIELD DR., #1516	2910 NE 15TH TERR	2910 NE 15TH TERR
ORLANDO FL 32825	ORLANDO FL 32825	OAKLAND PK, FL 33334	OAKLAND PK, FL 33334
D	MATTI, KENETH		
17 AVE. 2ND REINE	17 AVE. 2ND REINE		
1180 BXL BELGIUM	1180 BXL BELGIUM		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

**SIGNATURE:** *Silvia Fernandez* **SILVIA FERNANDEZ, 06/08/96 (954)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

524-4222

CRE034 (3/96)