## 3-27-97 B- 3667 C 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 # P94000022737 (8)

RIDE AND DREAM, INC.

## **FILED** Mar 27 1997 8:00am Secretary of State



Principal Plac	te or business	Mailing Address							•	
	TH FEDERAL HWY (U.S. 1) IALE FL 33301	416-418 NORTH FEDE FT. LAUDERDALE FL		. 1	}					
						3. Date Incorporated or Qualified 03/24/1994	3a. Date of Last Report 06/13/1996			
, ·	lace of Business	2a. Mailing Address				4. FEI Number 59 - 3233 113			Applied For	
Suite, Apt.	# etc	26 Suite. Apt. #, etc.	····			1 34 8 7 0 2 110		\$9.7	Not Applicabl  5 Additional	
22		27				5. Certificate of Status Desired			Required	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.0	00 May Be	
Zip	Country	28 Zip	Cour	to.	<del></del>	Trust Fund Contribution	<u> </u>		ed to Fees	
24	25	29	30	·		This corporation has liability for in Florida Statutes		tax unde	ir s. 199.032,	
	9. Name and Address of Cu					10. Name and Address of New Re				
MA	TTI, CRISTOPH A			81	Name					
416-418 NORTH FEDERAL HWY (US 1)				82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)				
FT.	LAUDERDALE FL 33301		<u> </u>	83	<del></del>			····		
				_						
			4	B4	City		FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida St	atutes, the ab	OVE	a-named corr	poration submits this statement for the p	ouroose o	f changin	g its registere	
office or a agent 1 a	registered agent, or both, in the S am familiar with, and accept the o	itate of Florida. Such chan <b>ge w</b> Ibligations of, Section 607.0605	/as authorized 5. Florida Statu	by Ites	/ the corporat s.	tion's board of directors. I hereby accept	pt the app	iointment	as registered	
SIGNATURE	•	•								
	Signal are typostor princed name of registers			Age	int signature requir	red when reinstaling)	DATE	. B.BEA7	ODO 11.48	
IILE	OFFICERS	AND DIRECTORS  DELETE	13.	£		ADDITIONS/CHANGES TO OFFIC	EHS ANL	Chan		
NAME	MATTI, CHRISTOPH A	full present	1.1 HIL		1			L. Onland	yo ( Room	
STREET ADDRESS	2910 NE 15TH TERR				ADDRESS					
DITY-ST-ZW	OAKLAND PARK FL		1,4 CIT	Y - \$	ST-ZIP					
TITLE	DVT	☐ DELETE	2.1 TITI	Æ				Chan	ge 🔲 Additi	
YAME.	FERNANDEZ, SILVIA		2.2 NA	Æ						
STREET ADDRESS	2910 NE 15TH TERR		•		ADDRESS					
CITY-ST-ZIP THILF	OAKLAND PARK FL	DELETE	2 4 C/T		ST-ZIP			Chan	ge Additi	
MAME	MATTI, KENETH	בַ וּבַייַ	3.1 HH					C) Ollan	ac il vogu	
STREET ADOPESS	17 AVE. 2ND REINE				ADDRESS					
CITY - S1 - ZIP	1180 BXL BELGIUM		3.4. Crī							
TITLE		DELETE	4.1 TiTl	LE				Chan	ge 🔲 Additi	
NAME	1		4. 2 NA	ME						
STREET ADDRESS			4.3 STR	ŒET	ADDRESS					
CITY - ST- ZIP		□ Nº FTF	4.4 CIT		iT-ZIP			7705		
()7LF		☐ DELETE			1			Chan	ge 🔲 Additi	
NAME CARGO ATMONOCOS			5 2 NA		r address					
STREET ADORESS CITY-ST-7(P			54 CIT							
lille		DELETE						Chan	ge 🔲 Addit	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY - S1 - Z(P			6.4 CIT							
14 I do boro	the portification that the information our	sating with this filing does not a				d in Contine 110 07/2\(ii) Findide Statute	a i duratha	r portify t	hat the	

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