


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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000022737 (8)**  
 1. Corporation Name  
**RIDE AND DREAM, INC.**



Principal Place of Business <b>416-418 NORTH FEDERAL HWY (U.S. 1)                  FT. LAUDERDALE FL 33301</b>	Mailing Address <b>416-418 NORTH FEDERAL HWY (U.S. 1)                  FT. LAUDERDALE FL 33301                  135 Rose Briar Dr.                  Longwood, FL 32750</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>24</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>03/24/1994</b>	
<b>4.</b> FEI Number <b>59-3233113</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 of record 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature types of the current registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating))

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MATTI, CHRISTOPH A	
STREET ADDRESS	2910 NE 15TH TERR	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, SILVIA	
STREET ADDRESS	2910 NE 15TH TERR	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTI, KENETH	
STREET ADDRESS	17 AVE. 2ND REINE	
CITY-ST-ZIP	1180 BXL BELGIUM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I 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 supplements 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 register 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. \_\_\_\_\_ on an assignment with an address \_\_\_\_\_

SIGNATURE \_\_\_\_\_

4-20-98

CR2E034 (10/97)