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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:42

DOCUMENT # P94000032211 (2)

1. Corporation Name
CIGARETTE RACING TEAM, INC.

Principal Place of Business	Mailing Address
C/O SAMUEL C. ULLMAN 201 S. BISCAYNE BLVD., SUITE 2400 MIAMI FL 33131	C/O SAMUEL C. ULLMAN 201 S. BISCAYNE BLVD., SUITE 2400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 3131 N.E. 188 Street	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 North Miami Beach, FL	City & State: 28
Zip: 24 33180 — Country: 25	Zip: 29 — Country: 30

4. FEI Number: 65-0489926 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ULLMAN, SAMUEL C 201 S. BISCAYNE BLVD. SUITE 2400 MIAMI FL 33131	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 ______ (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D/CH ☐ Change ☒ Addition
NAME	TORTER, ROBERT E	1 2 NAME	Torter, Robert E.
STREET ADDRESS	C/O 201 S. BISCAYNE BLVD., SUITE 2400	1 3 STREET ADDRESS	3131 N.E. 188 Street
CITY ST ZIP	MIAMI FL 33131	1 4 CITY ST ZIP	North Miami Beach, FL 33180
TITLE		2 1 TITLE	P ☐ Change ☒ Addition
NAME		2 2 NAME	Barrie, Craig
STREET ADDRESS		2 3 STREET ADDRESS	3131 N.E. 188 Street
CITY ST ZIP		2 4 CITY ST ZIP	North Miami Beach, FL 33180
TITLE		3 1 TITLE	S ☐ Change ☒ Addition
NAME		3 2 NAME	Ullman, Samuel C.
STREET ADDRESS		3 3 STREET ADDRESS	201 South Biscayne Blvd., Ste. 2400
CITY ST ZIP		3 4 CITY ST ZIP	Miami, FL 33131
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ROBERT E. TORTER 3/22/95 (305) 931-4564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120570 CP