APR 07 '97 12:50 FR 3053722490 TO 73

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P94000032211 (2)

1. Corporation Name
CIGARETTE RACING TEAM, INC.

[redacted]

Principal Place of Business	Mailing Address
3131 N.E. 188 STREET 201 S. BISCAYNE BLVD., SUITE 2400 NORTH MIAMI BEACH FL 33180 US	C/O SAMUEL C. ULLMAN 201 S. BISCAYNE BLVD., SUITE 2400 MIAMI FL 33131-2376

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0469926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 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

ULLMAN, SAMUEL C
201 S. BISCAYNE BLVD.
SUITE 2400
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC TORTER, ROBERT E 3131 NE 188 STREET NORTH MIAMI BEACH FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRIE, CRAIG 3131 NE 188 STREET NORTH MIAMI BEACH FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ULLMAN, SAMUEL C 201 SOUTH BISCAYNE BLVD., STE. 2400 MIAMI FL ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

4/29/97

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14. [redacted]

SIGNATURE: Robert Torter ROBERT E. TORTER 4/23/97 (305) 931-4564
NAME & TITLE OF INDIVIDUAL SIGNING AS OFFICER OR DIRECTOR

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