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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 318665 (7)

1. Corporation Name:
CALDER RACE COURSE, INC.

Principal Place of Business: **21001 N.W. 27TH AVENUE MIAMI FL 33056-1461**

Mailing Address: **21001 N.W. 27TH AVENUE MIAMI FL 33056-1461**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

3. Date Incorporated or Qualified: **07/10/1967**

3a. Date of Last Report: **09/29/1994**

4. FEI Number: **59-1267680**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:

**ABES, MICHAEL D
21001 N.W. 27TH AVENUE
MIAMI FL 33056-1461**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, C. KENNETH	12 NAME	
STREET ADDRESS	P.O. BOX 1808/NA	13 STREET ADDRESS	
CITY ST ZIP	OPA LOCKA FL	14 CITY ST ZIP	
TITLE	DC	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIYA, MASAO	22 NAME	
STREET ADDRESS	P.O. BOX 1808/NA	23 STREET ADDRESS	
CITY ST ZIP	OPA LOCKA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOMOTO, TAKEMI	32 NAME	
STREET ADDRESS	65 E. 55TH ST.	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGURASHI, TATSUYA	42 NAME	
STREET ADDRESS	65 E. 55TH ST.	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	
TITLE	ST	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABES, MICHAEL D	52 NAME	
STREET ADDRESS	P.O. BOX 1808/NA	53 STREET ADDRESS	
CITY ST ZIP	OPA LOCKA FL	54 CITY ST ZIP	
TITLE	NOE, KENNETH W.	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOE, KENNETH W.	62 NAME	
STREET ADDRESS	P.O. BOX 1808/NA	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 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 110.07(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: *Michael D. Abes* **Michael D. Abes** **1/12/95** **305 625-1311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (NAME) (Typed Name)