

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 07/10/1967
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. City & State
23. Zip
24. Country

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
8. This corporation has liability for intangible tax under s. 199.032, 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 (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *[Signature]* Michael Abes
Signature, typed or printed name of registered agent and title if applicable (TITLE: Registered Agent Signature required when not State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
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	
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	
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	
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	
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		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Michael Abes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)