

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

**FILED**  
**Apr 13 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 # 318665 (7)**

1. Corporation Name  
**CALDER RACE COURSE, INC.**



Principal Place of Business <b>21001 N.W. 27TH AVENUE                  MIAMI FL 33056-1461</b>	Mailing Address <b>21001 N.W. 27TH AVENUE                  MIAMI FL 33056-1461</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/10/1967</b>	
21	22	26	27	4. FEI Number <b>59-1267680</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>ABES, MICHAEL D                  21001 N.W. 27TH AVENUE                  MIAMI FL 33056-1461</b>				10. Name and Address of New Registered Agent	
				81	Name <b>Isicoff &amp; Ragatz, PA</b>
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1101 Brickell Avenue</b>
				83	<b>Suite 800, South Tower</b>
				84	City <b>Miami</b>
				85	Zip Code <b>FL 33131</b>

11. Pursuant to the provisions of Sections 607.01 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* **Eric D. Isicoff**, President (Eric D. Isicoff) **3/31/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNN, C. KENNETH</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1808/NA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORIYA, MASAO</b>	2.2 NAME	<b>Nishikawa, Kaoru</b>
STREET ADDRESS	<b>P.O. BOX 1808/NA</b>	2.3 STREET ADDRESS	<b>660 South Figueroa Street</b>
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	2.4 CITY-ST-ZIP	<b>Los Angeles, CA 90017</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOMOTO, TAKEMI</b>	3.2 NAME	<b>Nomoto, Takemi</b>
STREET ADDRESS	<b>65 E. 55TH ST.</b>	3.3 STREET ADDRESS	<b>660 South Figueroa Street</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>Los Angeles, CA 90017</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D, VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGURASHI, TATSUYA</b>	4.2 NAME	<b>Sato, Takayuki</b>
STREET ADDRESS	<b>65 E. 55TH ST.</b>	4.3 STREET ADDRESS	<b>660 South Figueroa Street</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>Los Angeles, CA 90017</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABES, MICHAEL D</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1808/NA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Soth, Randall</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>P.O. Box 1808/NA</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Opa Locka, FL 33055</b>

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 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]* **Michael D. Abes, Treasurer** 3/24/98 305-625-1311

CR2E034 (10/97)