

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90127 023 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 318665**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1967

4. FEI Number

59-1267680

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISICOFF & RAGATZ, PA  
 1101 BRICKELL AVENUE  
 SUITE 800 SOUTH TOWER  
 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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, C. KENNETH	1.2 NAME	
STREET ADDRESS	P.O. BOX 1808/NA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	OPA LOCKA FL	1.4 CITY-STATE-ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISHIKAWA, KAORU	2.2 NAME	
STREET ADDRESS	660 SOUTH FIGUEROA STREET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LOS ANGELES CA 90017	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOMOTO, TAKEMI	3.2 NAME	
STREET ADDRESS	660 SOUTH FIGUEROA STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LOS ANGELES CA 90017	3.4 CITY-STATE-ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STA, TAKAYUKI	4.2 NAME	
STREET ADDRESS	660 SOUTH FIGUEROA STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LOS ANGELES CA 90017	4.4 CITY-STATE-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABES, MICHAEL D	5.2 NAME	
STREET ADDRESS	P.O. BOX 1808/NA	5.3 STREET ADDRESS	
CITY-STATE-ZIP	OPA LOCKA FL	5.4 CITY-STATE-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTH, RANDALL	6.2 NAME	
STREET ADDRESS	PO BOX 1808/NA	6.3 STREET ADDRESS	
CITY-STATE-ZIP	OPA LOCKA FL 33055	6.4 CITY-STATE-ZIP	

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, with a power of attorney.

SIGNATURE:

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

4/20/99  
 Date

(305) 625-1311  
 Daytime Phone #

CR2E034 (11/98)