

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 18 PM 5:59

**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**

8. 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	DUNN, C. KENNETH	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DUNN, C. KENNETH	P.O. BOX 1808/NA	12 NAME: _____	
STREET ADDRESS: OPA LOCKA FL	OPA LOCKA FL	13 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		14 CITY, ST, ZIP: _____	
TITLE: DC	MORIYA, MASAO	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MORIYA, MASAO	P.O. BOX 1808/NA	22 NAME: _____	
STREET ADDRESS: OPA LOCKA FL	OPA LOCKA FL	23 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		24 CITY, ST, ZIP: _____	
TITLE: D	NOMOTO, TAKEMI	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: NOMOTO, TAKEMI	65 E. 55TH ST.	32 NAME: _____	
STREET ADDRESS: NEW YORK NY	NEW YORK NY	33 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		34 CITY, ST, ZIP: _____	
TITLE: D	HIGURASHI, TATSUYA	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HIGURASHI, TATSUYA	65 E. 55TH ST.	42 NAME: _____	
STREET ADDRESS: NEW YORK NY	NEW YORK NY	43 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		44 CITY, ST, ZIP: _____	
TITLE: ST	ABES, MICHAEL D	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: ABES, MICHAEL D	P.O. BOX 1808/NA	52 NAME: _____	
STREET ADDRESS: OPA LOCKA FL	OPA LOCKA FL	53 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		54 CITY, ST, ZIP: _____	
TITLE: NOE, KENNETH W.	P.O. BOX 1808/NA	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: NOE, KENNETH W.	NEW YORK NY	62 NAME: _____	
STREET ADDRESS: NEW YORK NY		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 (L.M.) (Typed Name)