

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

**APPROVED  
AND  
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**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  
Suite, Apt #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25

3. Date Incorporated or Qualified: **07/10/1967**  
3a. Date of Last Report: **09/29/1994**  
4. FEI Number: **59-1267680**  
Applied For:  Not Applicable  
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

TITLE	<b>PD</b>
NAME	<b>DUNN, C. KENNETH</b>
STREET ADDRESS	<b>P.O. BOX 1808/NA</b>
CITY ST ZIP	<b>OPA LOCKA FL</b>
TITLE	<b>DC</b>
NAME	<b>MORIYA, MASAO</b>
STREET ADDRESS	<b>P.O. BOX 1808/NA</b>
CITY ST ZIP	<b>OPA LOCKA FL</b>
TITLE	<b>D</b>
NAME	<b>NOMOTO, TAKEMI</b>
STREET ADDRESS	<b>65 E. 55TH ST.</b>
CITY ST ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b>
NAME	<b>HIGURASHI, TATSUYA</b>
STREET ADDRESS	<b>65 E. 55TH ST.</b>
CITY ST ZIP	<b>NEW YORK NY</b>
TITLE	<b>ST</b>
NAME	<b>ABES, MICHAEL D</b>
STREET ADDRESS	<b>P.O. BOX 1808/NA</b>
CITY ST ZIP	<b>OPA LOCKA FL</b>
TITLE	<del><b>NOE, KENNETH W.</b></del>
NAME	<del><b>NOE, KENNETH W.</b></del>
STREET ADDRESS	<del><b>P.O. BOX 1808/NA</b></del>
CITY ST ZIP	<del><b>NEW YORK NY</b></del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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