

**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 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

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 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 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 6/6/96

| 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

CR2E034 (3/96)