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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 08 1997 8:00am

Secretary of State

Addition

Change

1997 **DOCUMENT # 318665** CALDER RACE COURSE, INC. Principa' Place of Business Mailing Address 21001 N.W. 27TH AVENUE 21001 N.W. 27TH AVENUE MIAMI FL 33058-1461 MIAMI FL 33056-1461 3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1967 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1267680 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip ntangible tax under s. 199.032. This corporation has liability for Yes 🔲 No 29 Florida Statutes 30 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New F gletered Agent 81 Name ABES, MICHAEL D 21001 N.W. 27TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33056-1461 83 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 take her with, and accept the obligations of Section 807.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE PD 1.1 TOTLE MAV DUNN. C. KENNETH 1.2 NAME P.O. BOX 1808/NA 1.3 STREET ADDRESS STREET ADDRESS OPA LOCKA FL 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 21 TITLE THE DC MORIYA, MASAO 22 NAME NAME P.O. BOX 1808/NA STREET ADDRESS 2.3 STREET ADDRESS OPA LOCKA FL 2. 4 CITY - ST - ZIF CITY-ST-ZII DELETE Change Addition TOLE 3.1 TITLE NAMÉ NOMOTO, TAKEMI 3.2 NAME 65 E. 55TH ST. 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Addition 4 1 TITLE Change THLE HIGURASHI, TATSUYA 4. 2 NAME STREET ADDRESS 65 E. 55TH ST. 4.3 STREET ADDRESS **NEW YORK NY** 4.4 CITY-ST-ZIP CITY ST-ZIP DELETE Change \_\_\_ Addition Title 5 1 TITLE ABES, MICHAEL D NAME 5.2 NAME P.O. BOX 1808/NA STREET ADDRESS 5 3 STREET ADDRESS

14. I do nereby 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

CITY- \$1-20-

TITLE

NAME STREET ADDRESS OPA LOCKA FL

Michael Alux michael D. Albes C.F. O. XUY (\$05) 625-131