

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

FILED

Apr 13 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **318665** (7)
1. Corporation Name
CALDER RACE COURSE, INC.



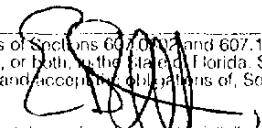
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|--|--|
| Principal Place of Business 21001 N.W. 27TH AVENUE MIAMI FL 33056-1461 | Mailing Address 21001 N.W. 27TH AVENUE MIAMI FL 33056-1461 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/10/1967 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1267680 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Isicoff & Ragatz, PA | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 1101 Brickell Avenue | |
| | | 83 Suite, Apt. #, etc. Suite 800, South Tower | |
| | | 84 City Miami | 85 Zip Code FL 33131 |

11. Pursuant to the provisions of Sections 607.01 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  **President (Eric D. Isicoff)** DATE **3/31/98**
(NOTE: Registered Agent's signature required when reinstating)

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 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-ST-ZIP | OPA LOCKA FL | 1.4 CITY-ST-ZIP | |
| TITLE | DC <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORIYA, MASAO | 2.2 NAME | Nishikawa, Kaoru |
| STREET ADDRESS | P.O. BOX 1808/NA | 2.3 STREET ADDRESS | 660 South Figueroa Street |
| CITY-ST-ZIP | OPA LOCKA FL | 2.4 CITY-ST-ZIP | Los Angeles, CA 90017 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOMOTO, TAKEMI | 3.2 NAME | Nomoto, Takemi |
| STREET ADDRESS | 65 E. 55TH ST. | 3.3 STREET ADDRESS | 660 South Figueroa Street |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | Los Angeles, CA 90017 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIGURASHI, TATSUYA | 4.2 NAME | Sato, Takayuki |
| STREET ADDRESS | 65 E. 55TH ST. | 4.3 STREET ADDRESS | 660 South Figueroa Street |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | Los Angeles, CA 90017 |
| TITLE | ST <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | ABES, MICHAEL D | 5.2 NAME | |
| STREET ADDRESS | P.O. BOX 1808/NA | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OPA LOCKA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Soth, Randall |
| STREET ADDRESS | | 6.3 STREET ADDRESS | P.O. Box 1808/NA |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Opa Locka, FL 33055 |

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.

SIGNATURE  **Michael D. Abes, Treasurer** 3/24/98 305-625-1311

CR2E034 (10/97)