

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1967	
21	22	26	27	4. FEI Number 59-1267680	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	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	
Zip	Country	Zip	Country		
25	29	30			

g. 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 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* **Eric D. Isicoff**, President (Eric D. Isicoff) **3/31/98**

(NOTE: Registered Agent 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **Michael D. Abes, Treasurer** 3/24/98 305-625-1311

CR2E034 (10/97)