

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90127 023 ***150.00

0154686

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 318665

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1967

4. FEI Number
59-1267680

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 23 City & State
 24 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
ISICOFF & RAGATZ, PA
1101 BRICKELL AVENUE
SUITE 800 SOUTH TOWER
MIAMI FL 33131

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISHIKAWA, KAORU	2.2 NAME	
STREET ADDRESS	660 SOUTH FIGUEROA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOMOTO, TAKEMI	3.2 NAME	
STREET ADDRESS	660 SOUTH FIGUEROA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STA, TAKAYUKI	4.2 NAME	
STREET ADDRESS	660 SOUTH FIGUEROA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	4.4 CITY-ST-ZIP	
TITLE	ST	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	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTH, RANDALL	6.2 NAME	
STREET ADDRESS	PO BOX 1808/NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33055	6.4 CITY-ST-ZIP	

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, with a letter like empowered.

SIGNATURE: Michael Abes Michael Abes 4/20/99 (305) 625-1311
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)