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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 679437

1. Corporation Name

BERENSON PARI-MUTUEL, INC.

Principal Place	e of Business	Mailing Address		C 198138 SUIT ISSUE IN SUIT IN	
NINE ISLAND A	AVE '	NINE ISLAND AVE			•
APT 1801	i	APT 1801		DO NOT WRITE IN TH	IIS SPACE
MIAMI BCH FL	33139	MIAMI BCH FL 33139		3. Date Incorporated or Qualifed	10 01 702
	· · ·			07/23/1980	
2. Principal Pi	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2731312	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc		5. 'Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	. 25	29 3	30	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
DES	ENGON PIGNAPP P		81 Name		•
NINE	ENSON, RICHARD B E ISLAND AVENUE APT 1801		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAI	MI BEACH FL 33139		83		
•					
			84 City	F	85 Zip Code
	to the provisions of Sections 607,050, egistered agent, or both, in the state m familiar with and accept the obligation	Z and 607.1508, Florida Statutes of Florida Such change was autitions of, Section 607.0505, Florida	s, the above-named cor thorized by the corporat da Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	MUNICIPAL		1/2010	OU KICHAMO D, DOKONSON) // >/ //
	Signature, typed or printed name of registered ager		Registeree Agent signature requir		AND PIPECTOPS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	red when reinstating) ADDITIONS/CHANGES TO OFFICERS	
12. TITLE	OFFICERS AN		13. 1.1 TITLE		AND DIRECTORS IN 12
12. TITLE NAME	CD BERENSON, LOUIS STANLEY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. TITLE	OFFICERS AN CD BERENSON, LOUIS STANLEY NINE ISLAND AVE #1801	D DIRECTORS	13. 1.1 TITLE		
12. TITLE NAME	OFFICERS AN CD BERENSON, LOUIS STANLEY NINE ISLAND AVE #1801 MIAMI BCH, FL 00000	D DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addilio
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6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TIPED OF NAME OF SIGNING OFFICER OR DIRECTOR

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 supplier ental 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 attachpent with an address, with all other like empowered.