

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000517 (3)

1. Corporation Name

SOCIETE D'ASSISTANCE DES COURSES AUTOMOBILES, S.
A.



Principal Place of Business

24. CHEMIN DES BOUGERIES
1228 GENEVA
SWITZERLAND

Mailing Address

C/O KENNETH R. WASHBURN
5401 S KIRKMAN RD #500
ORLANDO FL 32819
US

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. c/o Kenneth R. Washburn
State, Apt. #, etc.

22. City & State

27. 1153 Mill Run Circle
City & State

23. Zip Country

28. Apopka, Florida
Zip Country

24. Zip Country

29. 32703 Orange
Zip Country

4. FLE Number

59-3145863

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHBURN, KENNETH R
1153 MILL RUN CIRCLE
STE. 750
ORLANDO FL 32703

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 607.0507 and 607.1505, 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

(Print Name of Agent, Signature of Agent, and Date)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DP	☐ DELETE
2. NAME	PINOESCH, DOMENIC	
3. STREET ADDRESS	24, CHEMIN DES BOUGERIES	
4. CITY, ST, ZIP	1228 GENEVA-SWITZERLAND	
1. TITLE	DVC	☐ DELETE
2. NAME	SCHNEIDER, EMILE	
3. STREET ADDRESS	20, BOULEVARD DE LA FOIRE	
4. CITY, ST, ZIP	LUXEMBOURG	
1. TITLE	DT	☐ DELETE
2. NAME	BIGGS, AIDA MAY	
3. STREET ADDRESS	CALLE 53, URBANIZACION OBARRIO TORRE SWISS	
4. CITY, ST, ZIP	PANAMA CITY, PANAMA	
1. TITLE	VP	☐ DELETE
2. NAME	MINAZIO, CHANTAL	
3. STREET ADDRESS	24 CHEMIN DES BOUGERIES	
4. CITY, ST, ZIP	1228 GENEVA-SWITZERLAND	
1. TITLE	S	☐ DELETE
2. NAME	SCHNEIDER, EMILE	
3. STREET ADDRESS	20, BLVD. DE LA FOIRE	
4. CITY, ST, ZIP	LUXEMBOURG	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	
1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	
1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	
1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	
1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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 attached page with an address.

SIGNATURE: Domenic Pinoesch, Director/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature State #)

CR2E034 (12/95)